

2/21/24, 4:19 PM

Division of Corporations

P24000013381

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1124000070614 3)))



H2400007061434BCY

Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sales@eloenterprises.us

FLORIDA PROFIT/NON PROFIT CORPORATION
SHELL LIFE MIAMI INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
FEB 21 PM 3:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

T.J.H.
2/22/24

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be, SHELL LIFE MIAMI INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is

4700 NW BOCA RATON BLVD #202BOCA RATON FL 33431**ARTICLE III PURPOSE**The purpose for which the corporation is organized is, Any and all lawful business.**ARTICLE IV SHARES**The number of shares of stock is 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DAGNER DE ABREU BON - P

Name and Title: _____

Address 4700 NW BOCA RATON BLVD #202

Address: _____

BOCA RATON FL 33431Name and Title: LUIZ FERNANDO FERNANDES LOPES - VP

Name and Title: _____

Address RUA AMADEU GOMES 126 - CASA 329

Address: _____

NITEROI RJ - 24320-010 - BRAZIL

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

FILED
FEB 21 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title:

Name and Title

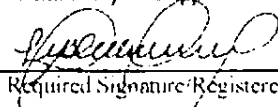
Address

Address

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ELO ENTERPRISES INCAddress: 4700 NW Boca Raton Blvd #202Boca Raton, FL 33431ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: DAGNER DE ABREU BONAddress: 4700 NW BOCA RATON BLVD #202BOCA RATON, FL 33431ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Required Signature/Registered Agent

02/21/2024

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

02/21/2024

Date

FILED
FEB 21 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA