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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CITI TAXES LLC
Account Number : 120230000131
Phone : (305)803-4427
Fax Number : (305)402-6230

2024 MAR - 1 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: citi.taxes@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CO -TA, INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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March 1, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CITI TAXES LLC

SUBJECT: CO-TA, INC
REF: W24000034329

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico
Supervisor
New Filing Section

FAX Aud. #: H24000080892
Letter Number: 424A00004552

COVER LETTER

H24000080892

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CO -TA, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Citi Taxes LLC
Name (Printed or typed)
5721 NW 112th Ave Apt 108
Address
Doral, FL 33178
City, State & Zip
305-803-4427
Daytime Telephone number
citi.taxes@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be CO -TA, INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is

2795 Oak Grove Rd.2795 Oak Grove Rd.Davie, FL 33328Davie, FL 33328ARTICLE III PURPOSE

The purpose for which the corporation is organized is _____

The purpose of this corporation is to engage in the lawful business activities of permitting, planning, and design for construction projects, as well as any other legal business endeavors deemed necessary or incidental to achieving the company's objectives.

ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Maria Fernanda Yepes, President Name and Title _____Address 2795 Oak Grove Rd. Address _____
Davie, FL 33328

Name and Title _____ Name and Title _____

Address _____ Address _____

Name and Title _____ Name and Title _____

Address _____ Address _____

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MAR - 1 2024
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TALLAHASSEE, FLORIDA

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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	<u>Maria Fernanda Yepes</u>
Address	<u>2795 Oak Grove Rd.</u>
	<u>Davie, FL 33328</u>

ARTICLE VII INCORPORATORThe name and address of the Incorporator is

Name	<u>Maria Fernanda Yepes</u>
Address	<u>2795 Oak Grove Rd.</u>
	<u>Davie, FL 33328</u>

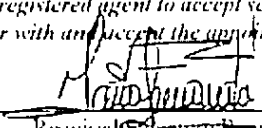
ARTICLE VIII EFFECTIVE DATE

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

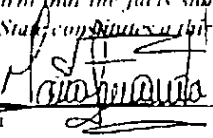
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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	<u>02/29/2024</u> _____ Date
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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	<u>02/29/2024</u> _____ Date
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