Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KCO SERVICES, LLC Account Number : I20200000018 Phone : (954)744-6605

Fax Number : (833)648-2730

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

Email Address: mvglobalconsulting@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION METAL GROUP ZAMAVEN INC

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Electronic Filing Menu Corporate Filing Menu

Help



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

NW 87th Av	31231. OFFIGE				
	Frincipal street address		Mailing address, if different is:		
RAL EL 33	045 NW 87th Ave Suite 2 ORAL, FL 33178		Mailing address, if different is: 6045 NW 87th Ave Suite 2 DORAL, FL 33178		
NAL. IL OU	170	<u>501711</u>	_, / _ 00 / / 0		
CLETTI PURP	OSE the corporation is organized is: ANY ANI	ALL LAWFUL	BUSINESS		
CLE IV SHAR	ES				
umber of shares of	stock is: 100				
	AL OFFICERS AND/OR DIRECTORS				
Name and Titl	e LUIS D ZAMORA VIDAL - President	Name and Title	WIEAM ALAMEH KAHEL - Vice Pr		
Address	6045 NW 87th Ave Suite 2	Address:	6045 NW 87th Ave Suite 2		
Address	DORAL, FL 33178	Address:			
Address		_ Address:	6045 NW 87th Ave Suite 2		
	DORAL, FL 33178	-	6045 NW 87th Ave Suite 2 DORAL, FL 33178		
		-	6045 NW 87th Ave Suite 2 DORAL, FL 33178		
	DORAL, FL 33178	Name and Title	6045 NW 87th Ave Suite 2 DORAL, FL 33178		
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Name and	d Title	Name and Title:	
Address		Address	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name	LUIS D ZAMORA VIDAL	_	
Address	6045 NW 87th Ave Suite 2		
	DORAL, FL 33178	<u> </u>	
	INCORPORATOR		
i ne <u>name andi ad</u>	idress of the Incorporator Is:		
Name	LUIS D ZAMORA VIDAL	_	
Address	6045 NW 87th Ave Suite 2		
	DORAL, FL 33178	<u></u>	
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective d filing.)	ate is listed, the date must be specific and cana	not be more than five days prior	or 90 days after the
Note: If the date	inserted in this block does not meet the applicable fective date on the Department of State's records		is date will not be listed as
certificate, I am fa	ed as registered agent to accept service of process amiliar with and accept the appointment as regist		
			03/05/2024
	Regulated Signature/Regulatered Agent		Date
I submit this doc document to the D	urnent and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am awere that the false my as provided for in s.817.155, F.	s (R
			03/05/2024
Required Signatu	re/Incorporator	Date	$\overline{\omega}$
			- ·
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