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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 : ULLOA & COMPANY PROFESSIONAL ASSOCIATION  
Account Number : I20190000086  
Phone : (305)275-1300  
Fax Number : (305)275-1301

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

Email Address: elpavending3124@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**ELPA Vending Corp**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE  
FLORIDA

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T. J. H.

4/24/24

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## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I NAME**

The name of the corporation shall be: **ELPA Vending Corp**

### **ARTICLE II PRINCIPAL OFFICE**

Principal **street** address is: **14164 SW 93<sup>rd</sup> LN, Apt 14164  
MIAMI, FL 33186**

Mailing address, if different is:

### **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: **100**

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Elizabeth Mendez Rodriguez, President**

Address: **14164 SW 93<sup>rd</sup> LN, Apt 14164, Miami FL 33186**

Name and Title: **Pablo Delgado Chaveco, President**

Address: **14164 SW 93<sup>rd</sup> LN, Apt 14164, Miami FL 33186**

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Elizabeth Mendez Rodriguez

14164 SW 93rd LN, Apt 14164, Miami FL 33186

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

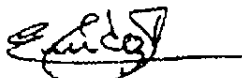
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

**ARTICLE VIII EFFECTIVE DATE**

Effective date, if other than the date of filing: 04/23/2024

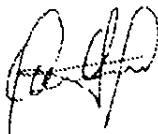
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/ Registered Agent

04/23/2024

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

04/23/2024

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