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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

RECEIVED

2024 MAY 16 PM 3:57

DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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

Email Address: info@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
KONCEPT CONSULTING GROUP INC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

4202

COVER LETTER

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

SUBJECT: KONCEPT CONSULTING GROUP 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: JOSE C DE CASTRO

Name (Printed or typed)

11480 SW 98TH ST

Address

MIAMI, FL 33176

City, State & Zip

786-403-2332

Daytime Telephone number

PEPE317@GMAIL.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 NAME

The name of the corporation shall be: KONCEPT CONSULTING GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
11480 SW 98TH ST
MIAMI, FL 33176

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawfull business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTHA GUTIERREZ - Vice-President Name and Title: JOSE C. DE CASTRO - President

Address 11480 SW 98TH ST
MIAMI, FL 33176

Address: 11480 SW 98TH ST
MIAMI, FL 33176

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Lamadrid Financial Services Corp
Address: 10154 W Flagler Street
MIAMI FL 33174

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOSE C. DE CASTRO
Address: 11480 SW 98TH ST
MIAMI, FL 33178

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
05/11/2024
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.

Jose C de Castro
Required Signature/Incorporator
05/11/2024
Date

2024

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