

P2400003443A

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 : CA BOOKKEEPING AND PAYROLL SERVICES INC
Account Number : I20230000067
Phone : (786)992-1894
Fax Number : (786)364-1645

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BOXESS AGENCY CORP

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

RECEIVED
2024 MAY-20 PM 5:21
CORPORATIONS
COMMERCIAL
REGISTRATION

2024 MAY-20 PM 5:32

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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: BOXESS AGENCY CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

6056 CALLE DEL NOVAWEST PALM BEACH, FL 334156056 CALLE DEL NOVAWEST PALM BEACH, FL 33415ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Brian Del Nodal Joa. President

Name and Title: _____

Address 6056 CALLE DEL NOVA

Address: _____

WEST PALM BEACH, FL 33415

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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H240001805623

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: Brian Del Nodal Joa
Address: 6056 CALLE DEL NOVA
WEST PALM BEACH, FL 33415

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: Brian Del Nodal Joa
Address: 6056 CALLE DEL NOVA
WEST PALM BEACH, FL 33415

ARTICLE VIII EFFECTIVE DATE: 05/20/2024

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



Brian Del Nodal Joa (Name) 05/20/2024 17:46:41

Required Signature/Registered Agent

05/20/2024
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.



Brian Del Nodal Joa (Name) 05/20/2024 17:46:41

Required Signature/Incorporator

05/20/2024
Date

H240001805623