

To: -

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02-25-2023 13:13 GMT

1305-397

From: Alex Pina

P24/000035646

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 : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION
DISCARIBE CORP

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

RECEIVED
2024 MAY 28 AM 9:17
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

2024 MAY 28 PM 3:06

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Corporate Filing Menu

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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: _____

DISCARIBE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
8000 NW 31st St Ste 4

Mailing address, if different is:

Doral, FL 33122**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: **10,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Alejandro E Nunez Gonzalez - President**

Name and Title: _____

Address **8000 NW 31st St Ste 4**

Address: _____

Doral, FL 33122

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2024 MAY 28 PM 3:05

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: ALEX PINA CO.
Address: 8400 NW 36TH ST STE 450
DORAL, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Alejandro E Nunez Gonzalez
Address: 8000 NW 31st St Ste 4
Doral, FL 33122

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
05/24/2024
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.

Alejandro Núñez
Required Signature/Incorporator
05/24/2024
Date