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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

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

Email Address: diana@lamadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION
ISAGIA CORP

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

RECEIVED
2024 JUN 27 PM 1:33
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2024 JUN 27 AM 12:40
CLERK ANDREW A. WOOD
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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COVER LETTER

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

SUBJECT: ISAGIA CORP

(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 REPOLE DE SANTIS

Name (Printed or typed)

4285 MAGNOLIA RIDGE DR

Address

WESTON, FL 33331

City, State & Zip

+58 (414) 368-0864

Daytime Telephone number

joserepole@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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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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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: ISAGIA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
4285 MAGNOLIA RIDGE DR
WESTON, FL 33331Mailing address, if different is:
4285 MAGNOLIA RIDGE DR
WESTON, FL 33331**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: 1000 SHARES OF US \$1.00 PAR VALUE EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE REPOLE DE SANTISName and Title: PRESIDENTAddress PARQUE COMERCIAL EL AVILA
NIVEL C5 LOCAL 10 TERRAZA DEL AVILA
1073 CARACAS - VENEZUELA

Address: _____

Name and Title: LILIANA RODRIGUEZ TOUCEIROName and Title: VICE PRESIDENTAddress PARQUE COMERCIAL EL AVILA
NIVEL C5 LOCAL 10 TERRAZA DEL AVILA
1073 CARACAS - VENEZUELA

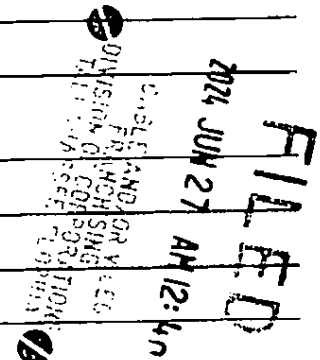
Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____



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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: LAMADRID FINANCIAL SERVICES CORP
 Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JOSE REPOLE DE SANTIS
 Address: 4285 MAGNOLIA RIDGE DR
WESTON, FL 33331

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 06/27/2024 (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*ALEXIS LAMADRID

Required Signature/Registered Agent

06/27/2024

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 REPOLE DE SANTIS
 Required Signature/Incorporator

Jose Repole de Santis06/27/2024

Date

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