

Division of Corporations

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**P24000045008**

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## FLORIDA PROFIT/NON PROFIT CORPORATION SUNCOAST CENTER GROUP CORP.

Certificate of Status	0
Certified Copy	1
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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: SUNCOAST CENTER GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
99 NW 183 ST STE 108-B
MIAMI GARDENS, FL 33169

Mailing address, if different is:
99 NW 183 ST STE 108-B
MIAMI GARDENS, FL 33169

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 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARNALDO NAVARRO REYES - P
Address: 99 NW 183 ST STE 108-B
MIAMI GARDENS, FL 33169

Name and Title:
Address:

Name and Title:
Address:

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 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ARNALDO NAVARRO REYES  
 Address: 99 NW 183 ST STE 108-B  
MIAMI GARDENS, FL 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ARNALDO NAVARRO REYES  
 Address: 99 NW 183 ST STE 108-B  
MIAMI GARDENS, FL 33169

**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 07/02/2024  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 07/02/2024  
Date