Florida Department of State Division of Corporations Electronic is singled. Silect

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000285577 3)))



H240002855773ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

fax Number

: (850)617-6381

From:

Account Name : GAEL SERVICES CORP

Account Number : 120230000060 Phone : (305)903-7797

Fax Number : (786)615-3110

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

Email Address: Claudiacorrales 2000 a hot mail. Con

FLORIDA PROFIT/NON PROFIT CORPORATION CC AND COELLO SERVICE CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

24 AUS 26 AH 7: 39

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

| ARTICLE I NAME The name of the corporation shall be: | Coello Service Corp |
|--|-----------------------------------|
| ARTICLE II PRINCIPAL OFFICE Principal street address TTO COSCODES AVENUE | Mailing address, if different is: |
| Davenport, FL 33837 | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| | |
| | |
| | |
| | |
| Address 1117 Cascades Davenport, F | AVC Address: |
| Name and Title: Claudia Dina Corrales Osor Address 1117 Cascado Devenport, E | Address: SAVE L 33837 |
| Name and Title: | Name and Title: |
| Address | |
| | 2 AI |
| | \$ 28 |

| Name and Title: | Name and Title: |
|---|--|
| Address | Address: |
| | |
| | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P. | TO. Box NOT acceptable) of the registered agent is: |
| | <u>Coello</u> |
| • | ort, FL 33837 |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporate | |
| · · · · · · · · · · · · · · · · · · · | io Coello |
| Address: Daven | scades Ave port, FL 33837 |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fi (If an effective date is listed, the date a filing.) | ling: (OPTIONAL) must be specific and cannot be more than five days prior or 90 days after the |
| Note: If the date inserted in this block d the document's effective date on the Dep | oes not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records. |
| Having been named as rogistered agent t certificate, I am familiar with and accept | o accept service of process for the above stated corporation at the place designated in this the appointment as registered agent and agree to act in this capacity |
| Dem | 8/26/2020 |
| | Date Date |
| I submit this document and affirm that document to the Department of State cor | the facts stated herein are true. I am aware that the false information submitted in a stitutes a third degree felony as provided for in s.817.155, F.S. |
| Required Signature/Incorporator | Date 8/26/2029 |
| | 24 AUS 26 |
| | 그로 보고 |
| | 7: 42 |
| | |

· · · · ·