

PL4000055540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

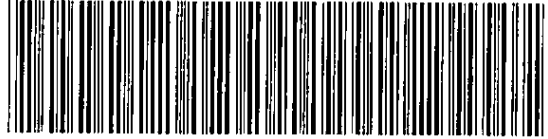
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 AUG 28 AM 9:47

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2024 AUG 28 PM 3:35

CLERK OF STATE
TALLAHASSEE, FL

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 70.-

AUTHORIZATION SIGNATURE: *[Signature]*

Agapanto Corp.

BUSINESS (Name) _____ Document #. _____

☐ Walk in ☐ Pick up time _____

☐ Mail out ☐ Will wait _____

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☒ CORP
- ☐ LLLP

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTIL () _____
Country

AMMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissociation or Resignation
- ☐ Merger
- ☐ Conversion

REGISTRATION/QUALIFICATIONS

- ☐ Foreign Filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

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REGISTRY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: AGAPANTO 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

DEPT. OF STATE
TALLAHASSEE, FL

2024 AUG 28 AM 9:47

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FROM: BLUEMAX PARTNERS CORP
Name (Printed or typed)

848 BRICKELL AVE STE 1130
Address

MIAMI, FL 33131
City, State & Zip

305 - 607-3493
Daytime Telephone number

mdelloca@mdellconsulting.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: AGAPANTO CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

848 BRICKELL AVE. STE 1130 MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margaryta Beyfeld Name and Title: P

Address 848 BRICKELL AVE. STE 1130 Address: _____

MIAMI, FL 33131 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: BLUEMAX PARTNERS CORP
Address: 848 BRICKELL AVE. STE 1130
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BLUEMAX PARTNERS CORP
Address: 848 BRICKELL AVE. STE 1130
MIAMI, FL 33131

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TALLAHASSEE, FL

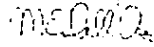
ARTICLE VIII EFFECTIVE DATE:

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

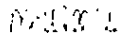


Required Signature/Registered Agent

8/28/2024

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

8/28/2024

Date