

HH
8-30-24
Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA PROFIT/NON PROFIT CORPORATION
SINAPSIS MIAMI CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:SINAPSIS MIAMI CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4510 SW 89TH AVEMIAMI FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**DANIEL HERNAN CARRASCO EVANS (P)CÉSAR ANDRÉS MARTÍNEZ GONZÁLEZ (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

DANIEL HERNAN CARRASCO EVANS4510 SW 89TH AVEMIAMI FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:DANIEL HERNAN CARRASCO EVANS4510 SW 89TH AVEMIAMI FL 33165

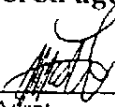
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EIN: 99-4689368

Required Signatures:


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



Registered Agent8/28/24

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.



Incorporator8/28/24

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