

Florida Department of State

P2400005622

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

From: Account Name : CESPEDES CPA, INC
Account Number : 120220000109
Phone : (786)452-4615
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

RECEIVED
2024 SEP -3 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA PROFIT/NON PROFIT CORPORATION
COSMOCELL PRO INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED
2024 SEP -3 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FL

(((H24000298531 3)))

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: COSMOCELL PRO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8889 S.W. 227TH TER
CUTLER BAY FL 33190

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: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GUERRERO, ZULAY A. /PRESIDENT

Name and Title: _____

Address: 8889 S.W. 227TH TER

Address: _____

CUTLER BAY FL 33190

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FL

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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: _____ GUERRERO, ZULAY A.
Address: _____ 8889 S.W. 227TH TER
_____ CUTLER BAY FL 33190

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____ GUERRERO, ZULAY A.
Address: _____ 8889 S.W. 227TH TER
_____ CUTLER BAY FL 33190

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

09/03/2024

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

09/03/2024

Date

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