

9/5/24 3:57 PM

Division of Corporations

P24000056540

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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.

((H24000303148 3)))



H240003031483ABCZ

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 : I20230000060
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: keilyn1694@gmail.com

RECEIVED

2024 SEP -5 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION B C CACERES CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 SEP -5 AM 12:21

FILED

MA

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:

B C Caceres corp

ARTICLE II PRINCIPAL OFFICE

330 NW 16th Ave ^{Principal street address} Apt 8

Miami FL 33125

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Keilyn Lopez . P

Name and Title:

Address

330 NW 16th Ave

Address:

Apt # 8

Miami FL 33125

Name and Title:

Brayan Caceres V.

Name and Title:

Address

330 NW 16th Ave

Address:

Apt # 8

Miami FL 33125

Name and Title:

Name and Title:

Address

Address:

2024 SEP -5 AM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Keilyn Lopez
Address: 330 NW 16th Ave Apt # 8
Miami FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Keilyn Lopez
Address: 330 NW 16th Ave Apt # 8
Miami FL 33125

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/5/2024 (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

Keilyn Lopez 9/5/2024
Required Signature/Registered Agent 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.

Keilyn Lopez 9/5/2024
Required Signature/Incorporator Date

FILED
2024 SEP -5 AM 12:21
CLERK OF STATE
TALLAHASSEE, FLORIDA