

Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
EVENTS BY ROD, INC.

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

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

ARTICLE I NAMEThe name of the corporation shall be: EVENTS BY ROD, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
1850 SW 8th ST. STE 310
MIAMI, FL 33135Mailing address, if different is:
1850 SW 8th ST. STE 310
MIAMI, FL 33135**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RICARDO ALVAREZ RODRIGUEZ - PAddress 1850 SW 8th ST. STE 310
MIAMI, FL 33135

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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: RICARDO ALVAREZ RODRIGUEZ
 Address: 1850 SW 8th ST. STE 310
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RICARDO ALVAREZ RODRIGUEZ
 Address: 1850 SW 8th ST. STE 310
MIAMI, FL 33135

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 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

/s/ Ricardo Alvarez Rodriguez _____
 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.

/s/ Ricardo Alvarez Rodriguez _____
 Required Signature/Incorporator Date

2024 SEP 10 PM 4:35
 DEPT OF STATE
 TALLAHASSEE, FL