

P24000059643

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 SEP 19 AM 9:47  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

FILED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \_\$70.00\_\_\_\_\_

Authorization Signature: *[Signature]*

Simba Properties USA CORP

Business

Document #

☐ Walk in

☐ Will wait

☐ Certified Copy of the

☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☒ INC  
☐ CORP  
☐ OTHER

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion  
☐ Statement of Correction.  
☐ Merger

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ Statement of Authority  
☐ APOSTIL \_\_\_\_\_

COUNTRY

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Partnership  
☐ Reinstatement  
☐ CORRECTION for a Foreign LLC  
☐ Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FL  
STATE

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SECRETARY

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     Domestication of a Foreign Corp.  
                          Other

EXAMINER'S INITIALS:

## COVER LETTER

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

**SUBJECT:** Simba Properties USA 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**

2021 SEP 19 AM 9:47  
STATE  
TALLAHASSEE FL

**FILED**

**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: Simba Properties USA CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

848 Brickell Ave. Ste 1130

Miami, Florida 33131

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tifossi LTD

Name and Title: President

Address 848 Brickell Ave. Ste 1130

Address: \_\_\_\_\_

Miami, Florida 33131

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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2024 SEP 19 AM 9:47  
TALLAHASSEE, FL  
STATE

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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STATE  
ALABAMA

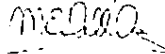
**ARTICLE VIII EFFECTIVE DATE:**

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*

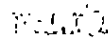


9/19/2024

\_\_\_\_\_  
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.*



9/19/2024

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date