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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FL

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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 #

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- 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

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- 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: _____

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: *Suzanne HLD*

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STATE SECRETARY

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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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

2021 SEP 19 AM 9:47
STATE OF FLORIDA

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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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

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FLORIDA STATE
SECRETARY

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BLUEMAX PARTNERS CORP

Address: 848 BRICKELL AVE. STE 1130

MIAMI, FL 33131

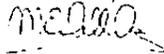
ARTICLE VIII EFFECTIVE DATE:

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

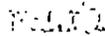


9/19/2024

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