# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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Division of Corporations
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From:

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## FLORIDA PROFIT/NON PROFIT CORPORATION

## 9UP DESIGN GROUP INC.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $70.00 |

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# COVER LETTER

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

**SUBJECT:** 9UP Design Group Inc.
**(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** | |

FROM: BLANCA L LACAYO
Name (Printed or typed)

210 SW 107Th AVE,
Address

MIAMI FL 33174
City, State & Zip

305-222-2289
Daytime Telephone number

hadastaxeservices@gmail.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: 8UP Design Group Inc.

***ARTICLE II PRINCIPAL OFFICE***

Principal street address: 20533 Biscayne Blvd unit 845 Aventura Fl 33180

Mailing address, if different is: Same

***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: 100

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

Name and Title: MANUEL ROFFE (PRESIDENT)

Address: 20533 Biscayne Blvd unit 845 Aventura FL 33180

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: BLANCA LACAYO

Address: 210 SW 107 AVE, MIAMI FL 33174

***ARTICLE VII INCORPORATOR***

The name and address of the Incorporator is:

Name: MANUEL ROFFE

Address: 20533 Biscayne Blvd unit 645

Aventura FL 33180

***ARTICLE VIII EFFECTIVE DATE:***

Effective date, if other than the date of filing: 11/13/2024 (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*

X Blanca Lacayo 11/13/2024

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.*

X _____ Nov 14, 2024

Required Signature/Incorporator Date