

P240000071213

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION SEDINI SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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SECURITY STATE
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1 2024 NOV 20 PM 2:10

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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: SEDINI SERVICES INC**ARTICLE II. PRINCIPAL OFFICE**Principal ~~street~~ address1804 NW 20TH STREETMIAMI, FLORIDA 33142

Mailing address, if different is:

ARTICLE III. PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL PURPOSES**ARTICLE IV. SHARES**The number of shares of stock is: 1,000**ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DIANA CALLE ZAMORA

Name and Title:

Address

1804 NW 20TH STREET

Address:

MIAMI, FLORIDA 33142

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: DIANA CALLE ZAMORA
Address: 1804 NW 20TH STREET
MIAMI, FLORIDA 33142

ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Name: DIANA CALLE ZAMORA
Address: 1804 NW 20TH STREET
MIAMI, FLORIDA 33142

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.

[Signature]
Required Signature/Registered Agent

11/14/24
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.

[Signature]
Required Signature/Incorporator

11/14/24
Date