

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

R2400073039 *FL 12-6-24*

Please print name and account number (shown below) on the top and bottom of all pages of the document.

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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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11:11:11

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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STATE OF FLORIDA
TALLAHASSEE

FLORIDA PROFIT/NON PROFIT CORPORATION
GARCES SANTIESTEBAN INC

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

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FL

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EFFECTIVE: 1-1-25

ARTICLE I NAME: The name of the corporation is:

GARCÉS SANTIESTEBAN INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

99 NW 183 ST Suite 224L
224L FL 33169
NORTH MIAMI Beach

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

(P) Rady GARCÉS SANTIESTEBAN

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FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Rady Garces Santiesteban
99 NW 183 ST Suite 224L
N Miami Beach FL 33109

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Rady Garces Santiesteban
99 NW 183 ST Suite 224L
N Miami Beach FL 33109

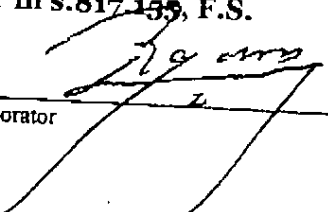
Required Signatures:

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



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.817.135, F.S.



Incorporator _____ Date

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STATE
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