

P2500001693 *SL 1-10-25*

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
TOMA BUILD, INC

Certificate of Status	0
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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: TOMABUILD, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
798 CRANDON BLVD APT 4KEY BISCAYNE, FL 33149

Mailing address, if different is:

798 CRANDON BLVD APT 4KEY BISCAYNE, FL 33149**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: ROBERTO GONZALEZAddress: PRESIDENT798 CRANDON BLVD APT 4KEY BISCAYNE, FL 33149

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

265 JAN -9 PM 4:06
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FL

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: ROBERTO GONZALEZ
Address: 798 CRANDON BLVD APT 4
KEY BISCAYNE, FL 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERTO GONZALEZ
Address: 798 CRANDON BLVD APT 4
KEY BISCAYNE, FL 33149

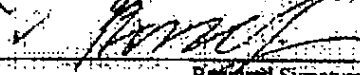
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature/Registered Agent

01/08/2025

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.


Required Signature/Incorporator

01/08/2025

Date

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