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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

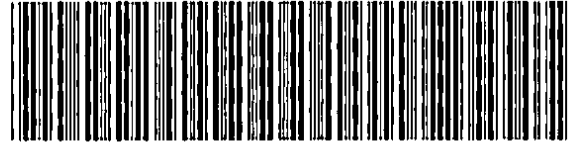
(Business Entity Name)

(Document Number)

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NOV 18 2020

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LAW OFFICES  
**MICHAEL ORTIZ, P.A.**

1430 SOUTH DIXIE HIGHWAY  
SUITE 321  
CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-5270  
FACSIMILE (305) 665-1112  
E-MAIL: lawortiz@aol.com

November 18, 2020

**By: Hand Delivered**

New Filing Section  
Department of State  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RE: Palmira International Corp  
Client File No. 1013**

Dear Sir/Madam:

I am enclosing the Articles of Incorporation for Palmira International Corp. for filing, together with the copy of such Articles.

In addition, I have included a Michael Ortiz, P.A. check in the amount of \$70.00, representing the filing fee for these Articles of Incorporation. Thank you.

Very truly yours,

MICHAEL ORTIZ, P.A.



MICHAEL ORTIZ, ESQ.

# COVER LETTER

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

SUBJECT: PALMIRA INTERNATIONAL 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       \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

\$78.75       \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Michael Ortiz  
Name (Printed or typed)

1430 South Dixie Highway, Suite 321  
Address

Coral Gables, FL 33146  
City, State & Zip

(305)665-5270  
Daytime Telephone number

lawortiz@aol.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: PALMIRA INTERNATIONAL CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 1430 South Dixie Highway Mailing address, if different is:  
Suite 321  
Coral Gables, FL 33146

**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: 1,000

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

Name and Title:	<u>Jorge Espinosa Ceron, PD</u>	Name and Title:	_____
Address	<u>1430 South Dixie Highway</u>	Address:	_____
	<u>Suite 321</u>		_____
	<u>Coral Gables, FL 33146</u>		_____

Name and Title:	<u>Julio Pradera Hernandez, VPD</u>	Name and Title:	_____
Address	<u>1430 South Dixie Highway</u>	Address:	_____
	<u>Suite 321</u>		_____
	<u>Coral Gables, FL 33146</u>		_____

Name and Title:	<u>Michael Ortiz, ST</u>	Name and Title:	_____
Address	<u>1430 South Dixie Highway</u>	Address:	_____
	<u>Suite 321</u>		_____
	<u>Coral Gables, FL 33146</u>		_____

2020 NOV 18 PM 2 11  
F. S. D.

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: Michael Ortiz, P.A.  
Address: 1430 South Dixie Highway  
Suite 321  
Coral Gables, FL 33146

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Ortiz, Esq.  
Address: 1430 South Dixie Highway  
Suite 321  
Coral Gables, FL 33146


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: November 18, 2020 (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.)

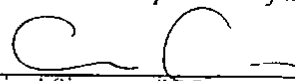
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11/16/2020  
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

11/16/2020  
Date