

H2000089401

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

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2020 NOV 17 PM 3:16

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SIGO CRAFT MIA, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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J DENNIS
NOV 18 2020

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: SIGO CRAFT MIA, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8675 SW 159 PL
MIAMI, FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

20 NOV 17 11:25

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE C. GONZALEZ, PRESIDENT

Name and Title: _____

Address 8675 SW 159 PL

Address: _____

MIAMI FL 33193

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: JOSE C. GONZALEZ
Address: 8675 SW 159 PL
MIAMI, FL 33193

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

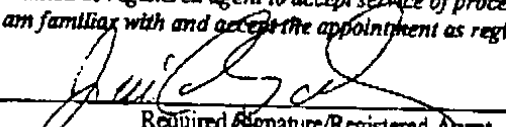
Name: JOSE C. GONZALEZ
Address: 8675 SW 159 PL
MIAMI, FL 33193

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.

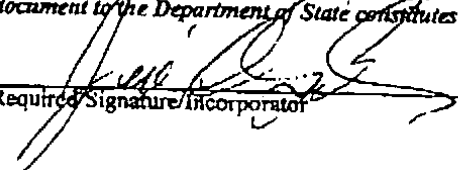
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11-16-20
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

11-16-20
Date