

4/29/2021

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Center

P21000088794

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000173222 3)))



H210001732223ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
 Account Name : EXPRESS CORPORATE FILING SERVICE INC.
 Account Number : I20000000146
 Phone : (305)444-4994
 Fax Number : (305)444-4977

S/BK

RECEIVED
APR 30 PM 3:27

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
INVELCER CORP

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

2021 APR 30 AM 9:43

DocuSign Envelope ID: 58E7A859-1FDD-4F05-A120-E2CF10CF52D1

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: INVELCER CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

624 SW 1 STREET APT 501
MIAMI, FL 33130

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|--|-----------------|--|
| Name and Title: | <u>ALFREDO ENRIQUE GONZALEZ</u> <u>DOMINGUEZ_PTSD</u> | Name and Title: | <u>CARLOS ARTURO CESPEDES</u> <u>MEISEL_VP</u> |
| Address | <u>624 SW 1 STREET APT 501</u> <u>MIAMI, FL 33130</u> | Address: | <u>624 SW 1 STREET APT 501</u> <u>MIAMI, FL 33130</u> |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |

FILED
APR 29 2021
MIAMI, FL

DocuSign Envelope ID: 58E7A-B59-1FDC-4F05-A120-E2CF106F52B1

| | | | |
|-----------------|-------|-----------------|-------|
| 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: INSYNC BCS
8740 NW 157 TER
Address: MIAMI LAKES, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ALFREDO ENRIQUE GONZALEZ DOMINGUEZ
Address: 624 SW 1 STREET APT 501
MIAMI, FL 33130

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

Israel Diaz 4/19/2021

Required Signature/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.817.155, F.S.

[Signature] 4/19/2021

Required Signature/Incorporator Date

10
4/21/2021