

P21000400357

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H210004371423)))



H210004371423ABCY

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

21 NOV 30 AM 10:55

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

Email Address: _____

20211129 PM 01:52

**FLORIDA PROFIT/NON PROFIT CORPORATION
AGB STAFFING CORP**

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

T. SCOTT
DEC 01 2021

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

AGB STAFFING CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

777 NW 72 ND

AVE # 2102

MIAMI FL 33126

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Guillermo Alvarez Bello
(P)

NOV 30 AM 10:55

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Guillermo Alvarez Bello

777 NW 72 nd # 2102

Miami FL 33126

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


Guillermo Alvarez Bello

777 NW 72 nd # 2102


Miami FL 33126

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.817.155, F.S.

_____  _____
Incorporator Date