

8/4/22, 11:01 AM

Division of Corporations

P2200061532

Florida Department of State

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PROCESS AUTOMATION TEAM PA SA DE CV CORP**

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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 NAME

The name of the corporation shall be: PROCESS AUTOMATION TEAM PA SA DE CV CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 SW 110TH AVE

PEMBROKE PINES, FL 33025

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: GILBERTO RAMIREZ RIVERO (P)

Name and Title: _____

Address 500 SW 110TH AVE

Address: _____

PEMBROKE PINES, FL 33025

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: GILBERTO RAMIREZ RIVERO
 Address: 500 SW 110TH AVE
PEMBROKE PINES, FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GILBERTO RAMIREZ RIVERO
 Address: 500 SW 110TH AVE
PEMBROKE PINES, FL 33025

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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 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 Date