

To

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2023-03-23 21:34:36 GMT

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From: Yanet Avila

3/23, 5:11 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION

EVERGLADES SERVICE CENTERS INC

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

2023 MAR 24 11:09:37

FALL WASSER FRONT

M.A.
2023 MAR 24 AM 2:11

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: EVERGLADE SERVICE CENTERS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is.

777 NW 72 AVE STE: 2102 MIAMI, FL 33126

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: ALFREDO GOMEZ PEREZ (P)

Name and Title:

Address: 777 NW 72 AVE STE: 2102

Address:

MIAMI, FL 33126

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

2023 MAR 24 AM 2:11
FIDELITY ASSURANCE COMPANY OF FLORIDA

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: ALFREGO GOMEZ PEREZ

Address: 777 NW 72 AVE STE: 2102

MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALFREDO GOMEZ PEREZ

Address: 777 NW 72 AVE STE 2102

MIAMI, FL 33126

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

2023 MAR 24 AM 2:11
STATE OF FLORIDA
TALLAHASSEE, FLORIDA