

PZ4000010328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

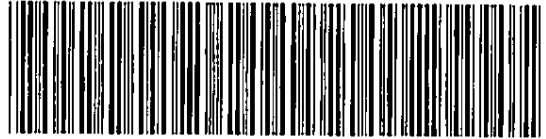
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

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INC

1. **AGRADEZCO, INC.**

(CORPORATE NAME AND DOCUMENT #)

2. (CORPORATE NAME AND DOCUMENT #)

3. (CORPORATE NAME AND DOCUMENT #)

4. (CORPORATE NAME AND DOCUMENT #)

5. (CORPORATE NAME AND DOCUMENT #)

6. (CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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TALLAHASSEE, FL

ARTICLES OF INCORPORATION
OF
AGRADEZCO, INC

ARTICLES OF INCORPORATION

Article I. NAME

The name of this Corporation is Agradeszco Inc., (the "Corporation").

Article II. PRINCIPAL OFFICE

The street address of the principal office of the Corporation is: 999 Ponce de Leon Blvd., Suite 735, Coral Gables, FL 33134.

The mailing address of the principal office of the Corporation, if different, is: 999 Ponce de Leon Blvd., Suite 735, Coral Gables, FL 33134.

Article III. SHARES

The total number of shares of stock the Corporation is authorized to issue is One Thousand (1,000) shares [with a par value of \$10.00 per share].

ARTICLE IV. PURPOSE

The purpose for which the corporation is organized is for any and all lawful purposes permitted in the State of Florida and the United States of America.

ARTICLE V. INITIAL OFFICER AND/OR DIRECTOR

Name and Title: **Shammi Shinh**, President and Director

999 Ponce de Leon Blvd., Suite 735, Coral Gables, FL 33134.

ARTICLE VI. REGISTERED AGENT

Its registered office in the state of Florida is:

Osmundo O. Martinez, Esq.

999 Ponce de Leon Blvd., Suite 735

Coral Gables, Florida 33134.

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ARTICLE VII. INCORPORATOR

The name and mailing address of the sole incorporator is as follows:

Shammi Shinh,

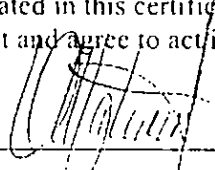
c/o Osmundo O. Martinez, Esq.

999 Ponce de Leon Blvd., Suite 735

Coral Gables, Florida 33134.

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.

BY:



(Signature of Registered Agent)

NAME:

Osmundo O. Martinez, Esq.

DATE:

February, 2024

(type or print)

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 Florida Department of State constitutes a third degree felony as provided for in Fla. Stat. § 817.155.

BY:



(Incorporator)

NAME:

Shammi Shinh

DATE:

February, 2024