2/8/24, 2:37 PM Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
BROKI-KI CORPORATION

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu Help

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: BROKI-KI CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
434 SW 63RD AVENUE	
MIAMI, FL 33144	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200 SHARES PAR VALUE @ $1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MAIKEL QUERIS CASTANON	Name and Title:	
Address	434 SW 63RD AVENUE MIAMI, FL 33144	Address:	
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: MAIKEL QUERIS CASTANON

Address: 434 SW 63RD AVENUE

MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MAIKEL QUERIS CASTANON

Address: 434 SW 63RD AVENUE

MIAMI, FL 33144

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TALLAHASSEE, FLORIDA

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

_____ 02/05/2024

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.

_____ 02/05/2024

Required Signature/Incorporator Date