

2/8/24, 2:37 PM

Division of Corporations

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T.S.H.
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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 OFFICEPrincipal 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

Address:

MIAMI, FL 33144

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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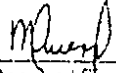
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: MAIKEL QUERIS CASTANONAddress: 434 SW 63RD AVENUEMIAMI, FL 33144**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MAIKEL QUERIS CASTANONAddress: 434 SW 63RD AVENUEMIAMI, FL 33144**ARTICLE VIII EFFECTIVE DATE:**

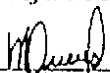
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept 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

02/05/2024

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.817.153, F.S.*

Required Signature/Incorporator

02/05/2024

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TALLAHASSEE, FLORIDA