

7/18/24, 2:33 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ELO ENTERPRISES, INC
Account Number : 120150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sales@eloenterprises.us

FLORIDA PROFIT/NON PROFIT CORPORATION
FULL TECH DIVE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
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DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

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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 FULL TECH DIVE INC

ARTICLE II PRINCIPAL OFFICE
Principal street address: _____ Mailing address, if different is: _____

824 SW 51st WAY _____
GAINESVILLE, FL 32607 _____

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 1000 shares of Common Stock \$0.10 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>PEDRO BARBOSA DE CARVALHO GONCALVES</u>	Name and Title:	_____
Address:	<u>RUA SAO CLEMENTE, 262 APT 303</u>	Address:	_____
	<u>RIO DE JANEIRO - RJ 22260-904 - BRAZIL</u>		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

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 ELO ENTERPRISES, INC.

Address 4700 NW BOCA RATON BLVD #202

BOCA RATON, FL 33431

ARTICLE VII INCORPORATORThe name and address of the Incorporator is

Name PEDRO BARBOSA DE CARVALHO CORREA

Address RUA SAO CLEMENTE 262 APT 303

RIO DE JANEIRO RJ 22260-004 - BRAZIL

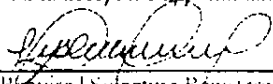
ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing _____ (OPTIONAL)

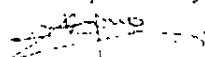
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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	<u>07/18/2024</u> _____ Date
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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	<u>07/18/2024</u> _____ Date
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