P24000074454

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000244316 3))

H24000244316ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
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

RECEIVED
2024 JUL 18 PM 3:08
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

FULL TECH DIVE INC

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

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 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:	PEDRO BARBOSA DE CARVALHO CORREA - P	Name and Title	
Address	RUA SAO CLEMENTE, 262 APT 303 RIO DE JANEIRO - RJ 22260-010 - BRAZIL	Address:	
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 AGENT

The **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 INCORPORATOR

The name and address of the Incorporator is

Name: PEDRO BARBOSA DE CARVALHO CORREA

Address RUA SAO CLEMENTE, 262 APT 303

RIO DE JANEIRO, RJ, 22260-040 - 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.

_____ *07/18/2024*

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.

_____ *07/18/2024*

Required Signature/Incorporator Date