

From: Raul Chavez
2/18/25, 3:54 PM

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To: Division of Corporations Fax: +18506176381

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

From:
Account Name : CUSI CONSULTING, INC.
Account Number : I20230000150
Phone : (786)616-3495
Fax Number : (305)714-3014

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Khronos Innovations and Systems, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED

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SEC. OF STATE
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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: Khronos Innovations and Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6061 Collins Ave, Apt 19D

Miami Beach, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Billing and Counseling Services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Iravedra, President

Name and Title: _____

Address 6061 Collins Ave, Apt 19D

Address: _____

Miami Beach, FL 33140

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FL

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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: Jose Iravedra
Address: 6061 Collins Ave. Apt 19D
Miami Beach, FL 33140

ARTICLE VII INCORPORATOR

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

Name: Jose Iravedra
Address: 6061 Collins Ave. Apt 19D
Miami Beach, FL 33140

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:

Jose Iravedra 2/14/2025
Required Signature/Registered Agent ate

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.

Jose Iravedra 2/14/2025
Required Signature/Incorporator ate

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