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(D	ntodo Nomo	
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PICK-UP	WAIT	MAIL
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(Docun	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	
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Office Use Only



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SECRETARY OF STATES

03/10/14

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Fade Pros	Inc.	
	' (PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	Luis Per Nam 1937 nw 3	e (Printed or typed) 3 5 A	
	Miami F City,	1 33142 State & Zip	<u> </u>
·	786 - 873 - Daytime T	0781 Telephone number	
	Lus Persia 7 6 E-mail address: (to be use	Holmail.com.	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation	on shall be: Fade	Prcs	Inc.			
ARTICLE II PRIN	CIPAL OFFICE Principal street address			Mailing address,	if different is:	
1437 nw	33 st	_		Same.	:	
	33142				•	
·		_				
ARTICLE III PURP The purpose for which the	OSE e corporation is organized is:	new	Compan	¥	· 	<u> </u>
		<u></u>	<u>-</u>			
		· · · · · · · · · · · · · · · · · · ·			•	
					₹0	
ARTICLE IV SHAI	RES tock is: <u>UOO</u>		<u> </u>	·	CRETAR LLAHASS	L MAR -S
	IAL OFFICERS AND/OR DIR				. S≥ c	≩
	Luis Persia, Pre			:		7
Address	1437 NW 335+		Address:		-	
	Miam. F1 3314	<u> </u>			-	
Name and Title			Name and Title	•		
Address						
Address			Audi ¢33.			
					<u> </u>	
Name and Title:			Name and Title	e:		
Address		<u></u>	Address:			
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Name and Title:	Name and Title:	
Address	Address:	_
	::::::	
		_
The name and Florida street address (B.O. D. NOT asset		
The name and Florida street address (P.O. Box NOT accept	bladle) of the registered agent is:	
Name: Luis Persia	<u> </u>	
Address: 1437 NW 33 St	\$o t	
Migmi E1 33142	<u>— m</u>	
ARTICLE VII INCORPORATOR	TARY OF TARY O	
The name and address of the Incorporator is:	## D	
Name: Luis Persig	IO: 07	
Address: 1937 nw 33 st	~	
Mium: F1 3314	12	
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment	f process for the above stated corporation at the place designate int as registered agent and agree to act in this capacity	d in
and the	02-20-20	14
Required Signature/Registered Ag	gent Date	
I submit this document and affirm that the facts stated her document to the Department of State constitutes a third degi	rein are true. I am aware that the false information submitted ree felony as provided for in s.817.155, F.S.	in a
	07-2020	14
Required Signature/Incorporate	Date Date	