

P14000036584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

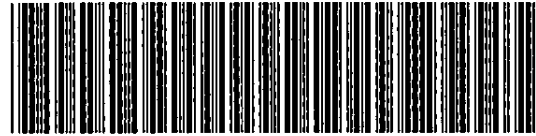
(Business Entity Name)

(Document Number)

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FALLAHASSEE, FLORIDA

MD 4/24

COVER LETTER

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

SUBJECT: CARIOCA DIGITAL CONSULTANTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED

FROM: ROBERTO BIANCHI
Name (Printed or typed)

12717 W SUNRISE BLVD., STE 196
Address

SUNRISE, FL 33323
City, State & Zip

Daytime Telephone number
RBIANCHI630@GMAIL.COM
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: CARIOCA DIGITAL CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12717 W SUNRISE BLVD
STE 196
SUNRISE, FL 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>ADAN GONZALEZ, P</u>	Name and Title: <u>CRISTOBAL SANCHEZ, VP</u>
Address <u>12717 W SUNRISE BLVD</u>	Address: <u>12717 W SUNRISE BLVD</u>
<u>STE 196</u>	<u>STE 196</u>
<u>SUNRISE, FL 33323</u>	<u>SUNRISE, FL 33323</u>

Name and Title: <u>ROBERTO BIANCHI, SEC</u>	Name and Title: _____
Address <u>12717 W SUNRISE BLVD</u>	Address: _____
<u>STE 196</u>	_____
<u>SUNRISE, FL 33323</u>	_____

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: ROBERTO BIANCHI
 Address: 12717 W SUNRISE BLVD, STE 196
SUNRISE, FL 33323

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERTO BIANCHI
 Address: 12717 W SUNRISE BLVD, STE 196
SUNRISE, FL 33323

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

Roberto Bianchi
 Required Signature/Registered Agent

21 APR 14
 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.

Roberto Bianchi
 Required Signature/Incorporator

21 APR 14
 Date