P14000043900

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400259942174

05/15/14--01013--002 **70.00

14 MAY 15 PM 3: 49
SECRETARY OF STATE
TALL MIASSEE ELOPIN

5/14/14

COVER LETTER

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

SUBJECT: Pan	Ucho Connections Inc. (PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	Jeffrey M. Manten Name	(Printed or typed)	
	Jorth Mami, FL 3	Suite 604 address	
	City,	State & Zip	SEGRE

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

imanter e manterlitigation. com
E-mail address: (to be used for future annual report notification)

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

FILED

49

	ME ration shall be: Pancho Connect	ions, Inc	14 MAY 15 PM :
RTICLE II PR	INCIPAL OFFICE Principal street address	N	SECRETARY OF STAILING address, if differently ASSEE, FLI
10913 Nn	130 street		
Suite 100	·	 	
Doral FL	33172	 	
he purpose for which	the corporation is organized is: Any an	d all lowf	ud business
RTICLE V IN	of stock is: IDO ITIAL OFFICERS AND/OR DIRECTOR ile:Maria Eugenia Garces, President		
		Name and Title:	
Address	10913 N.W 305T		
Address	10913 N.W 305F Suite 100	Address: _	
Address	10913 N.W 3057 Suite 100 Dwal, fl. 33172	Address: _	
	Suite 100	Address: _	
	Suite 100 Dural, fl. 33172	Address:	
Name and Titl	Suite 100 Dwal, fl. 33172	Address:	
Name and Titl	Suite 100 Dwal, fl. 33172	Address:	
Name and Titl Address	Suite 100 Dwal, fl. 33172	Address:	
Name and Titl Address	Suite 100 Dwal, fl. 33172	Address: Name and Title: Address:	

Name and	l Title:	Name and Title:
Address		_ Address:
ARTICLE VI	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:		•
Address:	Jeffrey M. Mantew, Esq. 11900 Biscayne Blud, Suite.	
	North Miami, FL 33181	-
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	maria Eugenia Garces	_
Address:	10913 NW 30 Street Suite	· 100
	Doral, FL 33172	-
Having been nam this certificate, I d	ned as registered agent to accept service of proces im familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
		5/14/14
	Required Signature/Registered Agent	Date
document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felouties. Required Signature/Incorporator	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.

FILED

14 MAY 15 PM 3: 49

SECRETARY OF STATE