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## **COVER LETTER**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

Ariel Dent Corp.

■ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM: Ario	el Rodriguez	(Printed or typed)	·
261	hawthorn In	(Timed of typed)	
	1	Address	
kiss	immee pl 34743		
	City,	State & Zip	
407	668 0039		
	Daytime T	elephone number	<del></del>
	niceli@yahoo.es		

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 Ariel Dent (	Conr		
The name of the corporation shall be:			_
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if di	fferent is:	•
2611 hawthorn in			
ARTICLE III PURPOSE  The purpose for which the corporation is organized	In order to work on my own personal account.		
This will be a corp under my name with no other	r employee besides me. I plan on working under my own	terms and b	<u>———</u>
my own boss. If there are any changes to this co	rporation, I will notify and make the changes accordingly	•	
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		n - ser Trigge Ser	, ,
		ブ	7 (13) e (1
ARTICLE IV SHARES			
The number of shares of stock is: 1		r.>	25
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS		
	<del></del>		10 Kg
Name and Title:	Name and Title:		<del></del>
Address	Address:	•	
	,		
Name and Title:	Name and Title:		
Address	Address:		
Auditos	Audiess.		
<del></del>			
Name and Title:	Name and Title:		
Address	Address:		<del></del>

Name an	d Title:	_ Name and Title:		
Address		Address:		· ·
		<u> </u>		
	REGISTERED AGENT			
The name and Fl Name:	orida street address (P.O. Box NOT acceptable) Ariel Rodriguez	of the registered agent is:		
Address:	2611 hawthorn ln kissimmee fl 34743	_		~
		_	<u>ਤ</u>	TIGE TIGE
ARTICLE VII	<u>INCORPORATOR</u>		<u>ئە</u> ر ت	) 경구 2년
The <u>name and ac</u>	Idress of the Incorporator is:			395
Name:	Ariel Rodriguez	_	?:	
Address:	2611 hawthorn In kissimmee fl 34743	_	<b>~</b>	<b>34</b> (1)
Effective date, if (If an effective d days after the fil		ot be more than five busin	ness days prior or 90 k	
Note: If the date the document's e	inserted in this block does not meet the applicable ffective date on the Department of State's records.	e statutory filing requiremen	nts, this date will not be	listed as
Having been nan this certificate, I	ned as registered agent to accept service of proces am familiar with and accept the appointment as re ————————————————————————————————————	ss for the above stated corporates gistered agent and agree to	oration at the place des act in this capacity	signated in
	Kin D		05/11/15	
	Required Signature/Registered Agent		Date	
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo			mitted in a
	Ant "		05/11/15	
Requi	red Signature/Incorporator	<del>,</del>	Date	<del> </del>