## 21000001701

(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



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91/08/21--01002--028 **\*\***70.00

2021 JAN -8 AK11: 28

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

<del></del>			
PRONTO CORAL	SPRINGS A CORP.		
	<del></del>		
	···		
		✓	Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
		<u>✓</u>	Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		-	Fictitious Owner Search
_			Vehicle Search
	<del></del>	_	Driving Record
Requested by: BA	1/07/21		UCC 1 or 3 File
Name	Date Time		UCC 11 Search
			UCC 11 Retrieval
Valk-In	Will Pick Up		Courier

## **COVER LETTER**

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

SUBJECT: Pronto Coral Springs A	Corp.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Mimi Bared Name	(Printed or typed)	
201 Alhambra Circle, Su	ite 501 Address	
Coral Gables, FL 33134	State & Zip	
305-666-6010 Daytime To	elephone number	
mimi@baredlaw.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 The name of the	NAME Pronto Coral Springs A corporation shall be:	Corp.	
ARTICLE II	PRINCIPAL OFFICE Principal street address 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134	201_Alhamb	ng address, if different is: ra Circle, Suite 501 s, FL 33134
	which the corporation is organized is: awful business.		SECRETANY OF STATE TALLAHASSEE, FL
The number of sl	hares of stock is:100 Shares at \$1.00 Par V		: 29 TATE FL
Name and Address:	INITIAL OFFICERS AND/OR DIRECTOR Title: Jack Amkie Harari, President 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134	Name and Title:Address:	
Name and Address:	Title: Alegra Achar Levy, Secretary 201 Alhambra Circle, Suite 501 Coral Gables, Ft. 33134		
Name and Address:	Title:	A	
The <u>name and F</u> Name: Address:	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) o Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134  INCORPORATOR Idress of the Incorporator is: Pablo R. Bared, Fsq. 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134	_	
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar williand accept the appointment as reg  Required Signature/Registered Agent	es for the above stated co gistered agent and agree to	rporation at the place designated in o act in this capacity  January 7, 2021  Date
I submit this doc locument to the L	ument and affirm that the facts stated herein are Department of Stule constitutes a third degree felon Required Signature/Incorporator	e true. I am aware that they as provided for in s.817.	he false information submitted in a 155, F.S.  January 7, 2021  Date