P210000 30826

(Requestor's Name)					
(Address)					
(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:					
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Office Use Only



600362978226

- 600362378226 03/29/21--01032--003 **70.00





Department of State

Division of Corporations

Date: 03/29/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Taboada Trading Inc.

Requester: Corporate

Order: 13032540

COVER LETTER

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

SUBJECT:	UBJECT: TABOADA TRADING INC				
	(PROPOSED CORPORA	TE NAME - MUST INCL	<u>UDE SUFFIX</u>)		
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	d a check for:		
玄 \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM: _	PATRICIO FRIAD				
_	9907 THREE L	AKES CIRCLE			
-	BOCA PATON City		3428		
	305 677 QISI				
_	Daytime Telephone number				
_	ADMIN @ ACHIEVE GEA . COM E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be use	a for future annual report r	iotification)		

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)
Taboada Trading Inc.

ARTICLE I	NAME	on shalf be;	ida Fradir	ng Inc		
	-		,			-
ARTICLE II	ŀ	Principal street address		Mailing add	fress, if different is:	
9907 three lakes circle boca raton, florida, 33428						
boca (atom, no	1100, 005	<u> </u>	- <u>-</u>			
			- –			
ARTICLE III The purpose for	PURPO: which th	<u>SE</u> e corporation is organized is:	Any lawfu	ıll business		
<u> </u>					——————————————————————————————————————	
						
		-				
						2021
					<u>.</u>	2021 APR
					-	9
ARTICLE IV	SHARE.	<u>s</u> 1000				P
The number of st	nares of st	tock is:			:	ည်း - <u>#</u>
ADTICLE V	INUTUAL	OFFICEDS AND/OF DIDECTO) 196°			~> ->
		. OFFICERS AND/OR DIRECTO Maria Campana Alban S				CJ.
Name a	ind Title:	Maria Campana Alban S	Name a	nd Title		
Address	s	19712 Dinner Key Dr.	Address	s:		
	-	Boca Raton, Florida, 33498				
	_					
Name an	id Title:_		Name a	nd Title:		
Address						
,	_		/ tudies.	<u></u>	••	
	-					
	-				****	
Nama an	d Title:		X 1	t Tist		
			Name a	nd Tiue:		
Address	· _		Address	s:		
	_	· · ·				
	-					

Name and Title	e:	Name and Title:
Address		Address:
		-
	STERED AGENT	ed talent at
Name:	street address (P.O. Box NOT acceptable) of Patricio Frias	if the registered agent is:
Address:	9907 three lakes circle	_
	Boca Raton, FL, 33498	
ADTICLE VII INC.	OPDMD 4T/OD	1
ARTICLE VII INCO	<u> </u>	
The name and address	of the Incorporator is:	
Name: _	Patricio Frias	_
Address:	9907 three lakes circle	_
	Boca Raton, FL, 33498	
ARTICLE VIII EFF	ECTIVE DATE:	
Effective date, if other	than the date of filing:	. (OPTIONAL)
(II an effective date is filing.)	listed, the date must be specific and cann	ot be more than five days prior or 90 days after the
	ned in this block does not meet the applicable to date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having been named as certificate, I am familia	registered agent to accept service of process , ir with and accept the appointment as registe	for the above stated corporation at the place designated in this red agent and agree to act in this capacity
	aff	4/5/21
	Required Signature Registered Agent	Date
I submit this document document to the Depart	t and affirm that the facts stated herein are ment of State constitutes a fhiff degree felor	true. I am aware that the false information submitted in a two as provided for in s.817.155. F.S.
	A.D.	4/5/21
Required Signature/Inc	orporator	Date