

P210000 30843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

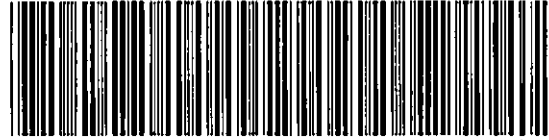
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2021 APR -6 PM 5:25



**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: Truchastato Inc.**

**Requester: Corporate**

**Order: 13032540**

**COVER LETTER**

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

**SUBJECT:** Truchastato 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     \$78.75  
Filing Fee    Filing Fee  
                  & Certificate of Status

\$78.75     \$87.50  
Filing Fee    Filing Fee,  
& Certified Copy    Certified Copy  
                                  & Certificate of  
                                  Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Patricio Frias  
Name (Printed or typed)  
9907 three lakes circle  
Address  
Boca Raton, FL, 33498  
City, State & Zip  
305 677 2151  
Daytime Telephone number  
admin@achievegea.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**

**Truchastato Inc**

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
9907 three lakes circle  
boca raton, florida, 33428

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawfull business

**ARTICLE IV SHARES**

1000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Maria Campana Alban S Name and Title: \_\_\_\_\_

Address 19712 Dinner Key Dr. Address: \_\_\_\_\_  
Boca Raton, Florida, 33498

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

2021 APR - 6 PM 5:25

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: Patricio Frias  
Address: 9907 three lakes circle  
Boca Raton, FL, 33498

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricio Frias  
Address: 9907 three lakes circle  
Boca Raton, FL, 33498

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

\_\_\_\_\_  
Required Signature/Registered Agent 4/5/21  
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.*

\_\_\_\_\_  
Required Signature/Incorporator 4/5/21  
Date