

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : FILE RIGHT LLC
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CNA TRUST CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: CNA TRUST CORP

(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: FILE RIGHT LLC

Name (Printed or typed)

5314 16TH AVENUE, SUITE 139

Address

BROOKLYN, NY 11204

City, State & Zip

718.878.5811

Daytime Telephone number

canoyelle@gmail.com

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CNA TRUST CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4981 SW 95TH AVE4981 SW 95TH AVECOOPER CITY, FL 33328COOPER CITY, FL 33328**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YECHESKEL AMOYELLE, CEO

Name and Title: _____

Address: 4981 SW 95TH AVE

Address: _____

COOPER CITY, FL 33328

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF DISTRICT COURT
1ST DISTRICT OF FLA.

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: YECHIEZKEL AMOYELLE

Address: 4981 SW 95TH AVE

COOPER CITY, FL 33328

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MARK FUCHS

Address: 5314 16TH AVENUE, SUITE 139

BROOKLYN, NY 11204

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*

<u>/s/ Yechiezkel Amoyelle</u>	<u>8/22/23</u>
Required Signature/Registered Agent	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.

<u>/s/ Mark Fuchs</u>	<u>8/22/23</u>
Required Signature/Incorporator	Date

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