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(((H170000840383)))



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To:

Division of Corporations

From:

Account Name : CORP USA

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\*\*Enter the email address for this business entity to be used for futu; annual report mailings. Enter only one email address please.\*\*

FLORIDA PROFIT/NON PROFIT CORPORATION DAY BY DAY LIFESTYLES ENT., INC.

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T. SCOTT

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March 28, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: DAY BY DAY LIFESTYLES ENT., INC.

REF: W17000026485

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If you have any further questions concerning your document, please call (850) 245-6052.

KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000084038 Letter Number: 217A00005887

P.O BOX 6327 - Tallahassee, Florida 32314

## 数

## **COVER LETTER**

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

SUBJECT: DAY BY DAY LIFESTYLES ENT. TINC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of

Status

**□\$7**8.75

Filing Fee

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: LEANDRO APPIACA

Name (Printed or typed)

13040 SW 81 St.

Miami FL- 33183 City, State & Zip

305- 917-5963

Daytime Telephione number

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 617, F.S., (Not for Profit)

The name of	the corporation shall be:	AN BY DAY	LIFESTYLES ENT., INC	<u> </u>		
ARTICLE I	I PRINCIPAL OFFICE	, ,	•			
_			Mailing address, if different is:			
	Miami FL 33183		Migmi, FL 33183			
	II PURPOSE  for which the corporation is organized is:   UNITY EXPOSE THEIR	• •				
ARTICLE I	he bylaws.		rectors are elected and appointed: AS S	ated		
Name and T	itle: LEANDRO APPIAGA	Nome and Tit	10: AMBURY ARRIAGA			
Address	PRESIDENT / CED	Address:	coo Nice President			
,,,,,,	13040 SW 81 St.	<del></del>	13040 SW 815+			
	Miami FL- 33183		Miami FL 33183			
Name and T		Name and Tit		MAR 2		
Address			V	%% ∰% ∰%	LIND AND	
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		<del>_</del>		9: 15 STATE LORID	τ	
Name and Ti	itle:	Name and Tit	e:	åu <b>n</b>		
Address						
		FRUITOSS.				
		_				

Name and Title:_		Name and Title:		
Address _		Address:		
_				
Name and Title:_		Name and Title:		
Address _		Address:		
_				
_				
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acce	entable) of the registered against	ie.	
Name:	LEANDRO APPIALA		101	
Address:	BOYO SW 81 st	•		
	Miami FL 33183			
	INCORPORATOR  Idress of the Incorporator is:			
Name:	LEANDRO APPLAGA			
Address:	13040 SW 81 St			
	Miami FL. 331	83		
Effective date, if	EFFECTIVE DATE: other than the date of filing: nate is listed, the date must be specific as	. (OPT) and caunot be more than five	ONAL) days prior or 90 days after	the filing.)
	inserted in this block does not meet the a tive date on the Department of State's rec		rements, this date will not be	listed as the
Having been nur certificate, I am f	ned as registered agent to accept service familiar with und accept the appointment	of process for the above status registered agent and agree	ed corporation at the place a to act in this capacity	lesignated in this
	Required Signature of Registered		3-29-	- 17
I submit this doc to the Departmen	Required Signature of Registered ument and uffirm that the fyels stated her it of State constitutes a third degree felony	ein are true. I am aware that i	Date any false information submitt	
· /		•	7 7 7	-17
	Required Signature of Inco	rporator	S-Z7 Date	