## N2400000 8992

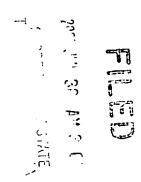
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
07/30/24					
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## **COVER LETTER**

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

Como Oiran	Согр		
	(PROPOSED CORP	ORATE NAME – MUST IN	CLUDE SUFFIX)
closed is an original	and one (1) copy of the Ar	ticles of Incorporation and	a check for
□ \$70.00	<b>■</b> \$78.75	□\$78.75	□ <b>\$</b> 87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee,
		ADDITIONAL CO	PY REQUIRED
FROM:	Jaime Argueta		-
PROM.	Name (Printed or typed)		-
	220 Taft Dr		• 1,_
	Address		-
	Davenport, Florida 33837		,
		City, State & Zip	-
	786-712-2807		4.
	Dayti	me Telephone number	- - - -

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

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

agueta77@hotmail.com

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of	The corporation shall be:	Corp	
<u>ARTICLE I</u>			
220	Principal <u>street</u> address: 0 Taft Dr	Mailing	address, if different is:
Da	venport, Florida 33837		
The purpose		is:	education so they can improve their lives
ARTICLE I	V MANNER OF ELECTION The	manner in which the directors are elected	and appointed: as per the bylaws.
<u>ARTICLE V</u>	,		
Name and T		Name and Title:	
Address	220 Taft Dr	Address:	3 7
	Davenport, Florida 33837		
Name and Ti	itle: Odaliz Argueta Treasurer	Name and Title:	ر . <del>در</del>
Address	220 Taft Dr	Address:	- m
, reduces	Davenport, Florida 33837	Address.	·
Moses and T	Mario Rodriguez Secretary	OCTO Name and Title:	
	204 Jay Ave		
Address	Lakeland, Florida 33815	Address:	

Name and Title	::	Name and Title:		-
Address		Address:		-
				_
Name and Title	×	Name and Title:		-
Address		Address:		-
				-
ADTICLEN	preietenen kerkt			سي م
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NO	OT acceptable) of the registered agent	is:	
Name:	Jaime Argueta			
Address:	220 Taft Dr			
	Davenport, Florida 33837			_ · `
Name:	Address of the Incorporator is:  Jaime Argueta			
Address:	220 Taft Dr			
	{Davenport, Florida 33837			
	EFFECTIVE DATE:			
	f other than the date of filing:date is listed, the date must be spe			the filing )
Note: If the da	te inserted in this block does not med ective date on the Department of Stat	et the applicable statutory filing requ		2.
Having been no certificate, I am	umed as registered agent to accept s familiar with and accept the appoint	service of process for the above state ment as registered agent and agree t	ted corporation at the place to act in this capacity	designated in this
Jaw.	A Greguited Signature of Reg	gistered Agent	07-03 - Date	-2024
, I submit this doc the Department	cument and affirm that the facts state of State constitutes a third degree fel	ed herein are true. I am aware that an Jony as provided for in s.817.155, F.S	ny false information submitted L	d in a document to
Jai	$\cdot$ $\wedge$ $\wedge$ $\rightarrow$	f Incorporator		- 2024
	required sugnature of	л льэгрогагог	Date	