## Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 CORONA-ENTENTEMENT- 111 (Proposed corporate name - must include suffix) 000004596520 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: <u>VICTON- MARCOS</u> Fronzalez Name (Printed or typed)

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

Tol Fo Springs - Fl. 33890 City, State & Zip

863 - 273 - 0660 -Daytime Telephone number

Pro Box 1561
Address

C/29/18)

## ARTICLES OF INCORPORATION

Business Corporation Act, hereby adopts the following Articles of Inc	
ARTICLE I NAME  The name of the corporation shall be: CORONA E	New tain ment INC
2950. Blue Bian LANC	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corp	oration shall be:
2990. Blue Bian LANC	
Zolfo SPRINSS. Fl-33898 ARTICLE III SHARES	3
The number of shares of stock that this corporation is authorized	I to have outstanding at any one time is:
ONE Hunoned-	
ARTICLE IV INITIAL REGISTERED AGENT A The name and Florida street address of the initial registered agen	ND STREET ADDRESS nt are:
Victor Mancos Gonzales	
2950- Blue Bian LANE ZolFo	5 El 33890
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of I	•
Victor. M-tronzalez Pres	
2996 Blue- Bins - Lane Z	ol Fo Springs F#33890
Wielow Greek	2-18-01
Signature/Incorporator	Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date