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SECRETARY OF STATE DIVISION OF COPPORATION

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# TRANSMITTAL LETTER

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

SUBJECT: ROB	OTO PC		
202020 I I	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDESUGNX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	a check for:
□ \$70.00	\$78.75	<b>□</b> \$78.75	\$87.50
Filing Fee		Filing Fee	Filing Fee,
Č	& Certificate of Status	& Certified Copy	
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONALICO	T REQUIRED
FROM. H	AROLD CARVAJAL		
1 110141.	Nam	e (Printed or typed)	
	13727 SW 152 ST. #249		
		Address	
	MIAMI FL 33177		
	Čity	, State & Zip	
	305-992-2881		
	Daytime	Telephone number	

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

The name of the corporation shall be: ROBOTO PC CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 13727 SW 152 ST #249 MIAMI FL 33177

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA

### ARTICLE IV SHARES

The number of shares of stock is:

AUTHORIZED 5000; START WITH 500 STOCK PAR VALUE OF \$1.00

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): HAROLD CARVAJAL, PRESIDENT

13727 SW 152 ST #249 MIAMI FL 33177

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARIA E. BECERRA 3399 NW 72 AVENUE MIAMI FL 33172

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAOLA GUERRERO 13040 NW 8TH ST MIAMI FL 33182

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

Maui 4 Gulle 01/18/0
Signature/Registered Agent Date

Signature/Incorporator Date