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Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

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

erint treet.	CASA DET	MAR AND CO	MPANÝ INC.			
SUBJECT: CASA DEL MAR AND COMPANY INC. (Proposed corporate name - must include suffix)						
	. **					
,						
Enclosed is an origin	nal and onc(i)	copy of the artic	les of incorporation and a	check for ;		
☐ \$70.00 ☐ \$78.75		•	□\$122,50	CI \$131.25		
Filing Fcc		ling Fee Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate		
\ ; - •	1.	ADDITIONAL COPY REQUIRED				
. FROM:	LEO	NARDO SANCHI	E Z			
, advant		Name (Printed or typed)				
	2051 MCQUILLEN RD.					
	Address					
	POR	T ST LUCIE,				
City, Sinto & Zip						

772 3396-1746

Daytime Telephone number

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACTIVATION THE FOLLOWING ARTICLES OF INCORPORATION.

CASA DEL MAR AND COMPANY INC

ARTICLES II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE: 2051 MCOUILLEN RD PORT ST LUCIE, FL 34952

ARTICLE III SHARES THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS: THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS: LEONARDO SANCHEZ 2051 MCQUILLEN RD. PORT ST LUCIE, FL 34952

ARTICLE V

NAME OF INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:

LEONARDO SANCHEZ

2051 MCQUILLEN RD.

PORT ST LUCIE, FL 34952

SIGNATURE TINCORPORATOR

ARTICLE VI NAME AND ADDRESS OF PRINCIPAL OFFICER OF THE CORPORATION LEONARDO SANCHEZ

2051 MCOUILLEN RD

PORT ST LUCIE, FL 34952

SIGNATURE/PRINCIPAL OFFICER

DATE

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 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