## P04000156748

(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City/	/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Coples	Certificates	of Status
Special Instructions to F	iling Officer:	
<u> </u>		

Office Use Only



700042420077

1)/)//04--01020--021 \*\*78.75

SECRETARY OF STATE

## TRANSMITTAL LETTER

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

SUBJECT:	PROAL COR	2P.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			-
		. 144				
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status P) REQUIRED	of		
FROM:	Ricardo Dich Name			SECRETAR TALLAHASS	21 AON 10	<u> </u>
	Pembroke Pines, City,		7	RY OF STATE SEE, FLORIDA	2 PM 1:10	FILED
	(305) 651 - 39 Daytime T	93 elephone number				

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

ARTICLE I NAME				
The name of the corporation shall be:		•	-	
PROAL CORP.				
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	<del></del>			
13/SW 117 AVE. APT. 208  Pembroke Pins F1. 33025  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Computer Services				
ARTICLE IV SHARES The number of shares of stock is:	97 · · · 222.	T,	0	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Ruardo Richardson - President	tu to st	JECRETARY OF LLAHASSEE, F	04 NOV 12 PM 1:10	n = n
13/ SW 117 AVE. APT. 208 Pembroke Pins, F1. 33025		STATE		
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acceptable) of the regis Supreme Quality Corp. 160 SW 117th tere Apt. 201 Pembroke Pines F1. 33025 ARTICLE VII INCORPORATOR	tered agent is:			
The <u>name and address</u> of the Incorporator is:  Recards Rechardson				
131 SW 117 AVe. Apt. 208 Pembroke Pins, Fl. 33025				
**************************************	*****************	******** co designat	***** tod in thi	ic
certificate, I am familiar with and accept the appointment as registered agent and agree to act	in this capacity	ce acaignai		
	4.	_		
flug	11-08 - Date	04_		
Signature Registered Agent	Date			
Doloace	//- Og -	04	~-	
Signature/Incorporator	Date			

\*ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)