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TRANSMITTAL LETTER

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

SUBJECT:	CHUNITA INC.		
!	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	John VALLIERE Name	(Printed or typed)	-
	532 PAYTON RUA	D Address	
	MONTICELLO, FL	32344 State & Zip	·····
	407-927-89		

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

ARTICLES OF INCORPORATION

For

CHUNITA, INC.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I

NAME The name of the corporation shall be: CHUNITA, INC.

ARTICLE II

PRINCIPAL OFFICE The principal place of business/mailing address is:

Chunita, Inc. 532 Payton Road Monticello, FL 32344

ARTICLE III

PURPOSE The purpose for which the corporation is organized is to engage in the business of sale, buy and trade of clothing articles, and of any other articles the corporation may deem advantageous, in compliance with Local, State and Federal Law.

ARTICLE IV

SHARES The number of shares of stock is 10 shares.

ARTICLE V

INITIAL OFFICERS AND/OR DIRECTORS

John Valliere Patricia Valery
President Vice-President
532 Payton Road 532 Payton Road
Monticello, FL 32344
(407) 927-8931 (407) 221-9273

Both officers are authorized by the corporation to open and close banking and other accounts on behalf of the corporation.

ARTICLE VI

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

Patricia Valery 532 Payton Road Monticello, FL 32344

ARTICLE VII

INCORPORATOR The name and address of the Incorporator is:

Patricia Valery 532 Payton Road Monticello, FL 32344

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

Signature/Registered Agent

Date

Signature/Incorporator

Date ZOGEF, FLOR