P05000053038

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	±#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
•				

Office Use Only

4/11/05



400049173794

4/11/05 BUSC W05-17008

TRANSMITTAL LETTER

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

SUBJECT:	Pati	Valle:	Inc.
	(PROPOSED CORPORA	ATÉ NAMÉ – <u>MUSTANÇE</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	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 PY REQUIRED
FROM:	CARIOS Name	e (Printed or typed)	<u>Jr.</u>
-	850 Arbor, Lakeman	-/	2746
-	40 7 Daytime	2 2 / 3 3 95 Telephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 5, 2005

CARLOS J. RUIZ, JR. 850 ARBORMOOR PLACE LAKEMARY, FL 32746

SUBJECT: PATI VALLE Ref. Number: W05000017008

We have received your document for PATI VALLE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6840.

Letter Number: 605A00022926

Bruce W Kitchens Document Specialist New Filings Section

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	05 APR 11 PH 1:16
The name of the corporation shall be: Pati Valle, Inc.	SECHALIANT OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 850 Arkormow Place, Lake	lemany, F)
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Land Purchase	- ·
Development	
ARTICLE IV SHARES The number of shares of stock is: /000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Robert A. Mejra Cambos J. Ruiz Maria Liliana Mejra Gloria E. X	2 Jr. Drech
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: CAROS RVIZ, 850 Arbor Moor	,
Lakemany Fl, 32746 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Carlos Ruz, 850 Arbor Moor Place, L.	
32746	
**************************************	************* Ice designated in this
Signature/Registered Agent Date	05
Jus 3/28,	105
(Signature/Incorporator Date	;

Signature/Incorporator