## P05000/64678

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

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

SUBJECT:	Indio INC.			
Z	PROPOSED CORPORA F taken the propose	TE NAME - <u>MUST INCL</u> ad Corporations Na		
Enclosed are an original and one (1) copy of the articles 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	& Certificate of Status	
FROM: Edward Cifventes Name (Printed or typed)  8649 NW 50 th Orive Address				
Coral Springs FL 33067 City, State & Zip				
<u> </u>				

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)	FILED
ARTICLE I NAME	05 DEC 19 PM 3:53
The name of the corporation shall be:	DE STATE
1) Indio Inc.	SECRETARY TO TALLAHASSEE. FLORIDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	
10945 SW 16th Street Apt 105 Pembroke Pines, FL 33025 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Manufacture and retail of customized appare	el (clothing)
ARTICLE IV SHARES The number of shares of stock is:	V
100 Common Stock	
List name(s), address(es) and specific title(s):  Directors: Oscar Cifuentes Tr. 10945 Sw 16th  President: Oscar Cifuentes Tr. 10945 Sw 16th St. Apt. 105 A  Vice-Provident: Anwar Khaw 10945 Sw 16th St. Apt. 105 A  Treasurer: Oscar Cifuentes Tr. 10945 Sw 16th St. Apt. 10  Treasurer: Oscar Cifuentes Tr. 10945 Sw 16th St. Apt. 10  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the re	W16th St. Apt. 10 - Penbroko Pines, FL 33025 Or Penbroke Pines, FL 33025 105 Penbroke Pines, FL 35027 105 Penbroke Bines, FL 33025 gistered agent is:
Edward Citrontes 8649 NW 50 th	Orine Coral Springs, FZ 33067
The <u>name and address</u> of the Incorporator is:	
Edward Cifendes 8649 NW 50th Dr.	ine Coral Springs, FL
**********************	******
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	
204	12/11/05
Signature/Registered Agent	/ Date
- Childef	10/11/or
Signature/Incorporator	/ Date