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(Re	equestor's Name)					
(Ad	dress)					
(Address)						
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PICK-UP	☐ WAIT	MAIL				
(D)	siness Entity Nan					
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(Do	ocument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to	Eiling Officer:					
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Office Use Only



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Frank Hiller William

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And San Mile

COVER LETTER

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

SUBJECT:			SURFACE		_			
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)								
Enclosed are an o	riginal and	one (1) copy of the a	rticles of incorporation and	i a check for:				
		-						
\$70.0 0			\$78.75	\$87.50				
Filing Fee		g Fee crtificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy				
	a cc	inicate of Status	& Certified Copy	& Certificate of				
				Status				
			ADDITIONAL CO	OPY REQUIRED				
			_	70				
FROM:	EN	RIQUE	A. QUINOR	VEZ ES	06			
Name (Printed or typed)								
17325 N.W 67C+ APTO L = 1								
Address								
		. 1 - x . 1		7781				
	H1,	ALEAH ,	FLORIDA	· 55gA	\mathcal{Z}			
City, State & Zip								
	(78	36) 2.00	7952					
Daytime Telephone number								

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

	INCORPORATION Chapter 607 and/or Chapter 621	, F.S. (Profit)		
	IAME			
The name of the corp	oration shall be:			
EQ SPO	PTS SURFACE	5 Inc		
	PRINCIPAL OFFICE			
	f business/mailing address is:	ca C		
**	1.W. 67 PL AP	10. G		
HIALEAH	7 2012			
	URPOSE	,		
	ch the corporation is organized			
TO PROVI	DE ALL GERVIL	ES NEEDED	FOR SPORT	s surface:
APTICI E IV	CHADEC		A.C.	9
The number of shares	of stock is:			=
1000 (0	NE THOUSAND)		E.	
450000000000000000000000000000000000000		n nineatabe	S.	<u>ا</u> ا
List name(s), addres	s(es) and specific title(s):	K DIRECTORS	•	
7510100	A. QUINONE	L 17325	N.W 6FC+	APTO L
ENDIGUE (SHARES S of stock is: NE TIHOUSAND MITIAL OFFICERS AND/O S(es) and specific title(s): A. QUINONE PRESIDENT REGISTERED AGENT La street address (P.O. Box NO A. QUINONEZ	HIALEAH,	33015, 瓦	$\overline{\omega}$
ARTICLE VI	REGISTERED AGENT			
The name and Florid	la street address (P.O. Box NO	T acceptable) of the regis	stered agent is:	Den 1
ENKIQUE	A. QUINONEZ	1/325 N	N 67 C+ A	P70. L
		HIALEAN,	33015, FL	
ARTICLE VII	INCORPORATOR			
	ess of the Incorporator is:			APID L
	A. QUINONEZ	17325	1.W 67 Ct	7(1)
ENRIQUE	70 00000	HIALEAH,	33015, FL	<u>-</u>
*****	******			
	egistered agent to accept service of pro with and accept the appointment as reg			rated in this
	1111)			<i>:</i>
			03/13/0 Date	\wp
Signature/	Registered Agent		Date 10	10
	- (HW		03/13/0	P
Signature/	Incorporator 1		Date	
	i			