## P07000990378

(F	Requestor's Name)	
( <i>f</i>	Address)	
(A	Address)	
(0	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	me)
(E	Ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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## **COVER LETTER**

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

SUBJECT: YPROPOSED CORPOR	TOC. LATÉ NAME-MUSTINCI	UDE SUFFIX)	· · · · · · · · · · · · · · · · · · ·
Enclosed are an original and one (1) copy of the a	rticles of incorporation an	d a check for:	
\$70.00 \$1878.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM: OriQ	ne (Printed or typed)	nzalez	
	SW 51 Address	57	er es magnigue.
	on: FL 33 ty, State & Zip	3175	. 1 5 ·
(305) Daytim	338-07 e Telephone number	<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)
ARTICLE I NAME The name of the corporation shall be:
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  11890 SW 5187  MIAMI, FC 38175  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To Conduct Ony and all Lawfor Business
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  ONIGNEE. GONZALEZ (President)  11890 SW SIST  WIRMIFC 33175
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  \[ \lambda vi\tilde{\omega} \in \text{SON Q/eZ} \\  \lambda \text{INCORPORATOR} \\  \text{The name and address} of the Incorporator is:}  \[ \text{May a viau } \in \text{Gon 2q/eZ} \]
11890 SW 61 ST  ***********************************
7/1/2