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(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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DIVISION OF CORPORATIONS

CP 2/4/08

COVER LETTER

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

SUBJECT:	erical Innovations	Inc.	
	(PROPOSED CORPORA)	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the artic	eles of incorporation and	a check for:
\$1 \$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: <u>M</u>		(Printed or typed)	
-	1 2 4	errace Address	
-	(305) 528-1872	State & Zip	

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)

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

'Uerical Innovations Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7933 N.W. 101 Terroce Miami, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide a clerical assistance to other businesses

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Melissa Garcia 7933 NW 161 Ter Miami, FL 33016. (President)

Michelle Garcia. 7933 NW 161 Teir. Miami, FL 33016. (Vice president). DIVISION OF FILE OF STATIONS
DIVISION OF CORPORATIONS
08 FEB - 1 PH 4: 10

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the	registered agent is:
Meliusa Garaq	8 15/6
7933 NW IGI TETT.	THE STATE OF THE S
Miami, FL 33016	, 03.7.F.
ARTICLE VII INCORPORATOR	2 200
The name and address of the Incorporator is:	* ***********************************
Melissa Garcia	K. A Talif
7933 NW 101 Text.	6 8
Miami, FL 33014.	
**************	*******
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	
Meling Marcia	1/29/08.
Signature/Registered Agent	' 'Date
Melina Charcas	1/29/08.
Signature/Incorporator	' 'Date