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*	(Requestor's Name)					
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PICK-U	P WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status	_				
Special Instruction	s to Filing Officer:	7				
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Office Use Only



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## **COVER LETTER**

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

Enclosed are an ori	ginal and one (1) copy of the artic	les of incorporation and	a check for:	
\$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	
FROM:	Arturo M Q	ADDITIONAL CO	PPY REQUIRED	
	Miamy, FL	State & Zip	vd Zol	2008 AUG 29
	305-206-3 Daytime To	3255 Elephone number	EE FLORI	AMIO:

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: . Mr. stich, corp ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: FORTAINEDIEAU BIVD #201 HIAMI, FL 33172 ARTICLE III PURPOSE The purpose for which the corporation is organized is: SALES ARTICLE IV SHARES The number of shares of stock is: (ONE) ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Acturo M Quintero 8873B FONTHINEDLEAU BLW #201 HIAMI, FL 33172 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 8873 B Fontainebleau 102# ARTICLE VII INCORPORATOR The name and address of the Incorporator is: FONTAINEDIEAU BIVE \$ 201 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Reg/stered Agent Date