## P09000082481

(Requestor's Name) (Address)
(Addrona)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Darward Number)
(Document Number)
Certified Copies Certificates of Status
· ———
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10-6-09

## **COVER LETTER**

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

subject Paraleq	al Depar	tment	
(PROPOSED CORPORA)	E NAME – <u>MUST ÎNCLÛE</u>	<u>DE SUFFIX</u> )	
Enclosed are an original and one (1) copy of the artic	les of incorporation and a	check for:	
Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED		
FROM: Cinnamon Kaye Velve zia Name (Printed or typed)			
188 NE 6th Court			
DANIA BU Pl. 33004 City, State & Zip			
(954) (068 10858) Daytime Telephone number			
CKVenezia Ja E-mail address: (to be used	mail. Com	ification)	

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: department Inc PRINCIPAL OFFICE The principal street address and mailing address, if different is: DANIA BLANDER 33004 The purpose for which the corporation is organized is: Professional Services corporation ARTICLE IV SHARES The number of shares of stock is: 500 shares of \$1.00 Par value common Stock INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Cinnamon Kaye Venezia President REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: The name and address of the Incorporator is: Cinnamon Kay Venezia 188 NE Loth court 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 aet in this capacity Signature/Registered Agent