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SCURE JARY OF STATE TALLAH ASSEE, FLORIDA

TEMMBLE MUN US SULL

COVER LETTER

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

SUBJECT: 4	Way inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	_	
Enclosed are an o	original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 Filing Fed	\$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
)			
FROM:	Osmani Miranda Name (Printed or typed) 13499 Biscayne Blvd # 806	2010 NOV -3	र-अक्टबरमा कर्ण
-	13499 Biscayne Blvd # 806	-3	17/17/22
-	Miami ,FI 33181 City, State & Zip	PM 3: 13	E II E
-	786 - 521 - 4119 Daytime Telephone number		
_	o 4wayinc@yahoo.com E-mail address: (to be used for future annual report notification)		

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

ARTICLES OF INCORPORATION

•	, In compliance with Chapter 607 and	or Chapte	r 621, F.S. (Pront)		
ARTICLE I The name of the cor	NAME 4 WAY INC. poration shall be:					
ARTICLE II	PRINCIPAL OFFICE Principal street address		Maili	no address	if different is:	
13	3499 Biscayne Blvd #806		1714111	ng address,	ii diiiciciii is.	
	iami, FL 33181	_				
ARTICLE III 1	PURPOSE					
	nich the corporation is organized is:					
Retail					2010 TAL	i
A DOVICE TO THE	a				TALLAHASSE	3
The number of share						E Court
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR:	S			욹	نن
	le:Osmani Miranda - Owner/ Director 13499 Biscayne Blvd. # 806 Miami, FL 33181	Name an Address:	: <u>134</u>	99 Bisca mi, FL 3	3181	806
Name and Tit	le:	- Name an	nd Title:			
Address:		Address	:			
		-				
Name and Tit	le:	Name an	nd Title:			
Address:		_ Address: -	: <u> </u>			
		-				
	REGISTERED AGENT	41				
Name:	ida street address (P.O. Box NOT acceptable) of Osmani Miranda	tne register	red agent is:			
Address:	13499 Biscayne Blvd. # 806					
	Miami, Fl_ 33181	-				
	INCORPORATOR					
	ress of the Incorporator is:					
Name: Address:	Isbel Luperon 13499 Biscayne Blvd, # 806					
riddiess.	Miami, FL 33181					
	d as registered agent to accept service of process					esignated in
inis cerujicaie, 1 am	familiar with and accept the appointment as regi	sterea agei	n ana agree			
	11-150-1.			1.	1/01/2	0/6
	Required Signature/Registered Agent				Date	
I submit this docun	nent and affirm that the facts stated herein are to partment of State constitutes a Mird degree felony	true. I am as provida	aware that	the false ii	nformation sub	omitted in a
wemment to the Dep	The state of the s	as proriue	jur en 3.01	, :	.435	11-201
	Required Janature/Incorporator		_	-	Date	, <u>, , , , , , , , , , , , , , , , , , </u>