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COVER LETTER

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

SUBJECT: Wilfredo and Associates Inc		
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)		-
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certified Copy Status ADDITIONAL COPY REQUIRE	opy te of	
FROM: Walfreddy Gomez Name (Printed or typed)	_	
rvanie (Frinted of typed)		
3450 West 84 Street Suite 202-F		
Address		
Miami, FL 33018 City, State & Zip	2011 AUG 22 	arcı alvisio
786 234-2260	JĢ 22	H OF CO
Daytime Telephone number	- P	- 장무다 : - - 0 :
gomezwal@hotmail.com E-mail address: (to be used for future annual report notification)		NAIL

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

ARTICLES OF INCORPORATION

SECRETARY OF STATE OUVISION OF CORPORATE A In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME Wilfredo and Associates Inc 2011 AUG 22 PM 1:48 The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 5771 SW 7 Street SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Miami, FL 33144

Any and All Lawful Business

ARTICLE IV		
The number of share	es of stock is: 1,000	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS
Name and Tit	le:Wilfredo Castro, President	Name and Title:
Address:	5771 SW 7 Street	Address:
	Miami, FL 33144	
N. Amir		
Name and 1 it		Name and Title:
Address:	5771 SW 7 Street	
	Miami, FL 33144	
Name and Tit	le:	Name and Title:
Address:		Address:
		
		
ARTICLE VI	REGISTERED AGENT	
The <u>name and Flor</u>	ida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Wilfredo Castro	
Address:	5771 SW 7 Street	
	Miami, FL 33144	
	INCORPORATOR	
	ress of the Incorporator is:	
Name:	Walfreddy Gomez PA	
	0450 141-104 01 0 11 000 5	
Address:	3450 West 84 St Suite 202-F Hialeah, FL 33018	

Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a thirt degree felony as provided for in s.817.155, F.S.