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(Ad	dress)	
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COVER LETTER

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

SUBJECT: Mariene Pineda (PROPOSED CORPORA)	.Corp.
(PROPOSED CORPORA	fe name J <u>must include suffix</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Moriene Pir	(Printed or typed)
15132 S.W.	15th Way
Miami, Fl. City,	33194 State & Zip
305 - 223 - 09 Daytime Te	9 6 3 elephone number
MYSTIKA 90 h	Otmail. Com

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation	shall be: Martene 1	Pineda, corp) ,		
Pri 151	IPAL OFFICE Incipal street address 32 5 W 15 th WW mi, Fl. 33194	<u></u>	Mailing address, if different is:		
ARTICLE III PURPO The purpose for which the All ac	corporation is organized is: nd any lawful	business.		SECRETARY OF S	III OCT 19 PM
The number of shares of sto				ORIO ORIO ORIO ORIO ORIO ORIO ORIO ORIO	<u>ယ</u> —
Name and Title: MC Address: 15	LOFFICERS AND/OR DIR Orlene Pineda, Pre 132 S.W. 15thwo Jami, Fl. 33194	Sident Name and Ti		> '''	
Name and Title:Address:		Address:			
Name and Title:Address:					
Name: M	TERED AGENT et address (P.O. Box NOT acception of Procedo Star S.W. 15 th W	va.u	agent is:		
ARTICLE VII INCOR The name and address of the Name:	PORATOR	gy			
Having been named as reg	istered agent to accept service of rytth and accept the appointme	f process for the above	stated corporation and agree to act in	on at the place de this capacity	signated in
	Required Signature/Registered Ap	gent		10 LIO	111
I submit this document and	d affirm that the facts stated he it of State constitutes a third degr	erein are true. I am aw	are that the false or in s.817.155, F.	e information sub LS.	omitted in a
	Required Signature/Incorporat	Or		10/16	111