## P12000045098

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: Credimantos, a	inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of  Status
	ADDITIONAL COPY REQUIRED
FROM: Mauro C. (	(Printed or typed)
_ 3011 Ridge	Address
Sarasola Fl	34735 State & Zip
	8386 elephone number
Ediguzma @	Hotmail. Com I for future annual report notification)
	<del></del>

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 I	F	LED
The name of the c	corporation shall be: Credimartos, I	NC. 12 MAV.	
	<b>,</b>	- '''	4 PM 12: 36
ARTICLE II	Principal office Principal street address	Mailing address, mailine est is R	'V ma
	3011 Ridge Ave Sarasota FL 34235	Walting address, FACLAHASS	FE STATE
	Sarasma J FL 34235		LORIDA
·			
ARTICLE III	DITODOCE		
he nurnose for v	which the cornoration is organized is:	1	
~ \ \	which the corporation is organized is:  g in the automotive Indi  To people who want	ustry making	
Lnvestin	9 IN THE WORLD	La Ray a Car	
,	To people who want	10 00y & car.	
LOGNS	10 pcop		
ARTICLE IV	SHARES	T. 4	
The number of sha	ares of stock is: $\lambda = 50\%$ , $50$	<b>%</b>	
	, ,	, <del>-</del>	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	ame and Title:	
Address:		ddress:	<del></del>
Addiess.	Som supul E1 7/276	duiess.	
	=1 . (/0		
	Title: Edison Guzman V.Pres, No	ame and Title:	<u>-</u>
Address:	Brade DA FI 34203	ddress:	<del></del>
	SPARINA EL 39003		<del></del>
	***************************************		
	Fitle:N		······································
Address:	A	ddress:	<del></del>
	· <u>-</u> ·		
		<b>—</b>	
	REGISTERED AGENT		<u> </u>
	orida street address (P.O. Box NOT acceptable) of the	registered agent is:	TY ?
Name: Address:	Mayo C esoldi	>=	<u> </u>
Address:	Something 18135	SS 3	_
	SARCIBLE OF BIOD	m c	· 177
RTICLE VII	INCORPORATOR	يس المسالم الم	<b>≖</b> 273
	Idress of the Incorporator is:	EST (	
Name:	Mayro, C. Boldi	<u> </u>	ယ္
Address:	30/1 12 dal Ave	> 0m	or .
	26467015 FT 34672		
	ned as registered agent to accept service of process for		signated in
nis certificate, I a	im familiar with and accept the appointment as register	ed agent and agree to act in this capacity	
			_
			<u>z</u>
	Bayured Signature Registered Agent	Date	
submit this doc	ument and affirm that the facts stated herein are true	2. I am aware that the false information sub-	mitted in a
	Department of State constitutes a third degree felony as j		
		•	
		05.04.	12