## P12000048356

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



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12 MAY 23 PH 3: 45
SECRETARY OF STATE
TALLAHASSEE, 51 COMP.

E Bursh WAY 2 4 2018

## **COVER LETTER**

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

SUBJECT:	Shabarronto Enterprises Inc			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )		
Enclosed are an or	iginal and one (1) copy of the arti-	cles of incorporation and a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM:	Ronald N	M Weinstein		
<del></del>	Name	(Printed or typed)		
	400 Alton Rd Apt 1501 Address			
Miami Beach FL 33139-6745 City, State & Zip				
	City,	State & Zip		
	305-53	38-7167		
	Daytime Telephone number			
	rweinstein	1940@gmail.com		
	E-man address, no de used	i ioi iuluie annuai fedori notification)		

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)

The name of the	Shabarronto Enterpo	rises Inc	
			_
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	400 Alton Rd Apt 1501		
	Miami Beach FL 33139-6745		7. F. C. S.S. S.S. S.S. S.S. S.S. S.S. S.
			777
ARTICLE III	PURPOSE		ÇÇ PH ED
The purpose for	which the corporation is organized is:		
for the trans	saction of any and all lawful purposes	for which a C	## <b>-</b>
ARTICLE IV	SHARES		
The number of sh			
	INITIAL OFFICERS AND/OR DIRECTO		
Name and	Title: Ronald M Weinstein, Director	Name and Tit	le:Barbie Weinstein, Director
Address:	400 Alton Rd Apt 1501	Address:	400 Alton Rd Apt 1501
	Miami Beach FL 33139-6745		Miami Beach FL 33139-6745
Name and	Title:	Name and Tit	lo:
Address:	Title.		ic
71441033.		Address.	
	, <del></del>		
	Title:		le:
Address:			
		<del></del>	
		<del></del>	
	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable)		gent is:
Name: Address:	Ronald M Weinstein	_	
Address:	400 Alton Rd Apt 1501 Miami Beach FL 33139-6745		
	IVIIami Beach FL 33 139-0745		
ARTICLE VII	INCORPORATOR		
The name and ac	ddress of the Incorporator is:		
Name:	Ronald M Weinstein		
Address:	400 Alton Rd Apt 1501	<u> </u>	
	Miami Beach FL 33139-6745	<del></del>	
	ned as registered agent to accept service of proc am familiar with and accept the appointment as r		
	1		
Jared	Required Signature/Registered Agent		5-21-201Z
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein a Department of State constitutes a third degree felo		
11 6	121		C-21 2
rand	Required Signature/Incorporator		<u>C-2/-2012</u> Date
	Required Signature/Incorporator		Date