

P12000059995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

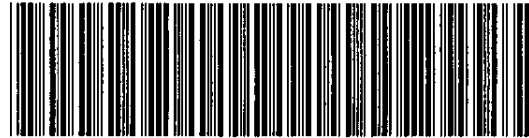
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12 JUL -3 PM 4:17  
DIVISION OF CORPORATIONS

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## COVER LETTER

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

SUBJECT: **POTENTISIMO INC**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: **KATHERINE CRUZALEGUI**

Name (Printed or typed)

**9415 SW 72ND STREET SUITE 149**

Address

**MIAMI FLORIDA 33173**

City, State & Zip

**305-510-4210**

Daytime Telephone number

**katcarrillo@hotmail.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 Chapter 621, F.S. (Profit)

**ARTICLE I NAME**      **POTENTISIMO INC**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
9415 SW 72ND STREET  
SUITE 149  
MIAMI FLORIDA 33173

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**NEW BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **KATHERINE CRUZALEGUI, PRESIDENT**  
Address: **9415 SW 72ND STREET**  
**SUITE 149**  
**MIAMI FLORIDA 33173**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

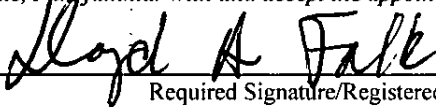
Name: **LLOYD H FALK, ESQ**  
Address: **600 SW 4TH AVENUE**  
**FT LAUDERDALE, FL 33315**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **KATHERINE CRUZALEGUI**  
Address: **9415 SW 72ND STREET SUITE 149**  
**MIAMI FLORIDA 33173**

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

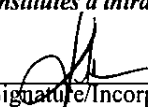


Required Signature/Registered Agent

06/28/2012

Date

*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 third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

06/28/2012

Date

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DEPT OF STATE  
CORPORATIONS