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(Requestor's Name)					
(Ad	dress)				
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(Cit	ty/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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COVER LETTER

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

SUBJECT: EL SAMARITANO, CORP						
	(PROPOSI	ED CORPOR	ATE NAME - MUST INC	CLUDE SUFFIX)		
Enclosed are an origi	nal and one (1) c	opy of the a	rticles of incorporation a	and a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate o	f Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED		
FROM: LEONARDO GONZALEZ						
		Nar	ne (Printed or typed)			
14	60 SW	145	AVE			
			Address			
<u>M</u> 1	AMI,FL 3		y, State & Zip			

786-201-9414

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

Daytime Telephone number

yanelietmujica@hotmail.com

E-mail address: (to be used for future annual report notification)

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

	INCIPAL OFFICE Principal street address	ANO, CORP Mailing address, if different is:	
160 SW 145	AVE		
IAMI ,FL 33	3184		
TICLE III PUI	RPOSE LIANII		VICES
purpose for which	the corporation is organized is:	DTIVIAN SER	VICES
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TICLE IV SH number of shares o	ARES f stock is:		JAN 14 AM CRETARY OF LAHASSEE FI
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number of shares o	f stock is: 1 TIAL OFFICERS AND/OR DIRECT Ie: LEONARDO GONZALE		JAN 14 AM 7: 52 CRETARY OF STATE LAHASSEE FLORIDA
number of shares o	f stock is: Triple of the stoc		JAN 14 AM 7: 52 CRETARY OF STATE LAHASSEE FLORIDA
number of shares o	f stock is: 1 TIAL OFFICERS AND/OR DIRECT Ie: LEONARDO GONZALE	Name and Title:_	JAN 14 AM 7: 52 CRETARY OF STATE LAHASSEE FLORIDA
number of shares o	f stock is: 1 TIAL OFFICERS AND/OR DIRECT Ie: LEONARDO GONZALE	Name and Title:_	JAN 14 AM 7: 52 CRETARY OF STATE LAHASSEE FLORIDA
number of shares o	f stock is: 1 TIAL OFFICERS AND/OR DIRECT LEONARDO GONZALE 1460 SW 145 AVE	Name and Title:_	JAN 14 AM 7: 52 CRETARY OF STATE LAHASSEE FLORIDA
Name and Tit Address	f stock is: 1 TIAL OFFICERS AND/OR DIRECT LEONARDO GONZALE 1460 SW 145 AVE	Name and Title:Address:	JAN 14 AM 7:52 CRETARY OF STATE LAHASSEE FLORIDA
Name and Tit Address	rtial officers and/or direct LEONARDO GONZALE 1460 SW 145 AVE MIAMI,FL 33184	Name and Title:Address:	JAN 14 AH 7: 52 CRETARY OF STATES LAHASSEE FLORIDA
Name and Title Name and Title	f stock is: 1 TIAL OFFICERS AND/OR DIRECT LEONARDO GONZALE 1460 SW 145 AVE MIAMI,FL 33184	Name and Title:Address:	JAN 14 AH 7: 52 CRETARY OF STATE LAHASSEE FLORIDA
Name and Title Name and Title	rtial officers and/or direct LEONARDO GONZALE 1460 SW 145 AVE MIAMI,FL 33184	Name and Title:Address:	JAN 14 AH 7: 52 CRETARY OF STATES LAHASSEE FLORIDA
Name and Title Name and Title	rtial officers and/or direct LEONARDO GONZALE 1460 SW 145 AVE MIAMI,FL 33184	Name and Title:Address:	JAN 14 AM 7:52 CRETARY OF STATE LAHASSEE FLORIDA
Name and Title Name and Title Address Address	rtial officers and/or direct le: LEONARDO GONZALE 1460 SW 145 AVE MIAMI,FL 33184	Name and Title: Address: Name and Title: Address: Address:	JAN 14 AM 7: 52 CRETARY OF STATE LAHASSEE FLORIDA
Name and Title Name and Title Address Address	rtial officers and/or direct LEONARDO GONZALE 1460 SW 145 AVE MIAMI,FL 33184	Name and Title:	JAN 14 AM 7: 52 CRETARY OF STATE LAHASSEE FLORIDA

. Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
the name and F	orida street address (P.O. Box NOT acceptable) o	t the registered agent is:	
Name:	LEONARDO GONZALEZ	-	
Address:	1460 SW 145 AVE	<u>.</u>	
	MIAMI ,FL 33184	_	· ·
ARTICLE VII	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		,
Name:	LEONARDO GONZALEZ		As =
Address:	1460 SW 145 AVE	_	3 JA TE
	MIAMI ,FL 33184	_	- T
			Me ≥ III
Having been nam this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as rej	s for the above stated corpora gistered agent and agree to ac	tion at the place designated in in this capacity
-	111		60 2
	Required Signature/Registered Agent	<u> </u>	<u>1- 7-13</u> Date
	-		
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor		
	Jak ·	·	
	Required Signature Incorporator		Date