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

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COVER LETTER

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

	ODIDA	A D)	/ANIC		A 4 /	INIO
SUBJECT.	.ORIDA	AUV	ANU	・ロリィ	٦٧ ,	IINC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy
]	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

FROM:	Adrian De La Torre		
	Name (Printed or typed)		
8	8832 SW 72ND STREET. SUITE M377		
	Address		
ţ	MIAMI, FL 33173		
_	City, State & Zip		
-	786-566-9781		
_	Daytime Telephone number		
á	adrianfeb27@gmail.com		
_	E-mail address: (to be used for future annual report notification)		

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

13 MAR 27 PM 2: 31

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

To the second se	CED AV, INC. DIVISION	FILED TARY OF STA OF CORPORAT
CIPAL OFFICE	13 MAR	27 PM 2: 3
Principal <u>street</u> address	Mailing address, if diffe	erent is:
JOINELI	**************************************	
1/3		
POSE ne corporation is organized is: ANY AN	ID ALL LAWFULL BUS	INESS
		·
		······································
IAL OFFICERS AND/OR DIRECTORS	§	
	Name and Title:	
8832 SW 72ND STREET	Address:	
SUITE M377		
MIAMI, FL 33173		
	Name and Title:	
	Address:	
	Address: Name and Title:	
	Address: Name and Title:	
	RES Stock is: 100 TAL OFFICERS AND/OR DIRECTORS ADRIAN DE LA TORRE - PRESIDENT 8832 SW 72ND STREET SUITE M377	RES 100 TAL OFFICERS AND/OR DIRECTORS ADRIAN DE LA TORRE - PRESIDENT Name and Title: 8832 SW 72ND STREET Address: SUITE M377

Name and	1 Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	ADRIAN DE LA TORRE	<u>.</u>
Address:	8832 SW 72ND STREET. SUITE M377	N SE
11001000	MIAMI, FL 33173	SECRETAR VISICA OF V
ARTICLE VII	INCORPORATOR	FILED ARY OF STATE CORPORATION OF STATE
The name and ad	dress of the Incorporator is:	RAI RAI
Name:	ADRIAN DE LA TORRE	I CONSTITUTION OF THE STATE OF
Address:	8832 SW 72ND STREET. SUITE M377	S)
	MIAMI, FL 33173	
Having been nan this certificate, I d	ned as registered agent to accept service of process um familiar with and accept the appointment as reg	
	$-\mathcal{U}_{\mathcal{U}}$	3/22/2013
I submit this doc document to the	Required Signature/Registered Agent ument and affirm that the facts stated herein are to be partment of State constitutes a third degree felony	Date rue. I am aware that the false information submitted in as provided for in s.817.155, F.S. 3/22/2013
· · · ·	Required Signature/Incorporator	Date