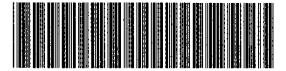
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
<u> </u>			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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## **COVER LETTER**

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

Jea	nnette C. Garcia	P.A.	
SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Fnolosed are an orio	inal and one (1) copy of the art	ticles of incorporation and	t a check for:
Enclosed are an ong	mar and one (1) copy of the art	neies of meorporation and	a a check for:
\$70.00	<b>\$78.75</b>	\$78.75	<b>□</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
Ü	& Certificate of Status	& Certified Copy	Certified Copy
		1"	& Certificate of
		1	Status

FROM: Jeannette C. Garcia Name (Printed or typed)		
6951 W 29th Avenue, Unit 207		
Hialeah, Florida 33018	13 JUN	SELVIC
305-799-3199  Daytime Telephone number	N 18	CIART COR
jeannettecgarcia@hotmail.com  E-mail address: (to be used for future annual report notification)	M 1: 30	PORATION

ADDITIONAL COPY REQUIRED

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)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I	NAME orporation shall be: Jeannette C. Gard	ia P.A.	PLAISING OF CORPORATIO
			13 JUN 18 PM 1: 30
ARTICLE II	Principal <u>street</u> address	Mail	ing address, if different is:
6951 W. 2	9th Avenue, Unit 207		
Hialeah, F	Florida 33018		
		<del></del>	
The purpose for v	PURPOSE which the corporation is organized is:	te Services and O	ffice Management Consulting
			······································
ARTICLE IV	SHARES ares of stock is: 100		
The number of sha	ares of stock is:		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>:s</u>	
Name an	nd Title:	. Name and Title:	
Address	6951 W. 29th Avenue, Unit 207		
	Hialeah, Florida 33018		
Name and	d Title:	Name and Title:	<u> </u>
Address		_ Address:	
		<u> </u>	
		_	
Name and	d Title:	Name and Title:	
Address	<del></del>	Address:	
	<del></del>	_	

<del>.</del>	Address:
•	
	the registered agent is:
\ \	are registered again is:
6951 W. 29th Avenue, Unit 207	
Hialeah, Florida 33018	
INCORPORATOR	
ress of the Incorporator is:	
Jeannette C. Garcia	
6951 W. 29th Avenue, Unit 207	
Hialeah, Florida 33018	
Required Signature/Registered Agent ment and affirm that the facts stated herein are to partment of State constitutes a third degree felony	Date  rue. I am aware that the false information submitted in a
	Hialeah, Florida 33018  d as registered agent to accept service of process a familiar with and accept the appointment as registered Signature/Registered Agent  Required Signature/Registered Agent  ment and affirm that the facts stated herein are to partment of State constitutes a third degree felony

SECRETARY OF STATE CORPORATIONS

13 JUN 18 PM 1: 30