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(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(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

_{SUBJECT:} P &	A Collections, In	IC.	
<u></u>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM: N	Manuel Piedra	e (Printed or typed)	
2	950 SW 27th Ave	enue, Suite 30	00
		Address	
<u>N</u>	liami, Florida 331		
_	•	State & Zip	
3	05-448-7064		
	•	Selephone number	
<u>m</u>	npiedra@piedrala		
	E-mail address: (to be use	ed 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)

	Principal office Principal street address Principal street address		Mailing address, if different is:		
Suite 300					
Miami, Flo	orida 33133				
	URPOSE ch the corporation is organized is: y other lawful purpose within the State of F	lorida and any other peri	missible jurisdiction.		
			SE 3		
· <u>-</u>					
			15 L		
ARTICLE IV S	HARES of stock is: 100		STATE 94 :4		
ARTICLE V I	HARES s of stock is: 100 <u>NITIAL OFFICERS AND/OR DIRECTOR</u> Fitle: Manuel Piedra, P/D	S Name and Title:	HATE 46		
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	-	HATE 46		
ARTICLE V 1	nitial officers and/or director Fitle: Manuel Piedra, P/D	Name and Title:	Lager HATE TALE		
ARTICLE V 1	NITIAL OFFICERS AND/OR DIRECTOR Fitle: Manuel Piedra, P/D 2950 SW 27th Avenue	Name and Title:	HATE 46		
ARTICLE V I Name and T Address	MITIAL OFFICERS AND/OR DIRECTOR Stile: Manuel Piedra, P/D 2950 SW 27th Avenue Suite 300 Miami, Florida 33133	Name and Title: Address:	Louis Alvino		
ARTICLE V I Name and T Address Name and T	MITIAL OFFICERS AND/OR DIRECTOR Title: Manuel Piedra, P/D 2950 SW 27th Avenue Suite 300	Name and Title: Address: Name and Title:	Louis Alvino		
ARTICLE V I Name and T Address	MITIAL OFFICERS AND/OR DIRECTOR Title: Manuel Piedra, P/D 2950 SW 27th Avenue Suite 300 Miami, Florida 33133 title: Jorge L. Piedra, D	Name and Title: Address:	Louis Alvino		
ARTICLE V I Name and T Address Name and T	MITIAL OFFICERS AND/OR DIRECTOR Title: Manuel Piedra, P/D 2950 SW 27th Avenue Suite 300 Miami, Florida 33133 itle: Jorge L. Piedra, D 2950 SW 27th Avenue	Name and Title: Address: Name and Title:	HATE 46		
Name and T Address Name and T Address	MITIAL OFFICERS AND/OR DIRECTOR Title: Manuel Piedra, P/D 2950 SW 27th Avenue Suite 300 Miami, Florida 33133 Jorge L. Piedra, D 2950 SW 27th Avenue Suite 300 Miami, Florida 33133	Name and Title: Address: Name and Title: Address:	TATE 4.46		
Name and T Address Name and T Address	MITIAL OFFICERS AND/OR DIRECTOR Manuel Piedra, P/D 2950 SW 27th Avenue Suite 300 Miami, Florida 33133 Miami, Florida D 2950 SW 27th Avenue Suite 300	Name and Title: Address: Name and Title: Address: Name and Title:	TATE 4.46		

Name and	l Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Alejandro R. Alvarez, Esq.	the registered agent is:	13 AUG SECRETA
Address:	2950 SW 27th Avenue, Suite 300		FIL 15 ARY
riddiogo.	Miami, Florida 33133		
ARTICLE VII	INCORPORATOR		COMUS STATE 6. 4.6
The name and ad	dress of the Incorporator is:		
Name:	Manuel Piedra		
Address:	2950 SW 27th Avenue, Suite 300		
	Miami, Florida 33133		
this certificate, I a	Required Signature/Incorporator	istered agent and agree to act in AVALET true. I am aware that the false	this capacity 12/2015 Date Information submitted in a