## P130000070533

(Requestor's Name)			
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL.	
(Bu	siness Entity Nam	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

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

Tallahassee, FL 3	2314		
SUBJECT: SC	ONYE INDUSTRIA (PROPOSED CORPORA)	L SUPPLY, I	
Enclosed are an or	riginal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	LUCAS BELMON	ΓE .	
ricom	Name	(Printed or typed)	
•	16021 SW 110TH	STREET	
	A	Address	
ľ	MIAMI, FLORIDA		
_	City,	State & Zip	
3	305-408-4108		

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

Daytime Telephone number

Iucasbelmont@hotmail.com

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

	ARTICLES OF INCO: In compliance with Chapter 607 and/o		.S. (Profit)	₹s	 ( )	
ARTICLE I NAI The name of the corpora	ME SONYE INDUSTE	•		ECRET	2 TI	
	NCIPAL OFFICE			BSS XX	- 1 - IT	7
16021 SW 11	Principal street address OTH STREET	1	Mailing address, i	f differentas:	PH 2:	
				22	55	
MIAMI, FL 33	190	<del></del>		<u> </u>		
	POSE the corporation is organized is: The Corporation of the laws of the					
the State of F	lorida.		· · · · · · · · · · · · · · · · · · ·			
		•				
			<del> </del>			
					<del> </del>	
The number of shares of	ARES 100 f stock is:					
	TIAL OFFICERS AND/OR DIRECTORS e:		JERSON JO	SE MAI DO	ONADO	
Name and Titl	16021 SW 110TH STREET	Name and Title	16021 SW		<del></del>	
Address		Address:				
	MIAMI - FL 33196		MIAMI - F	L 33 190	<del></del>	
					<del></del>	
Name and Title	, YOHANNA ANTONELLA MALDONADO	Name and Title				
Address	16021 SW 110TH STREET	Address:				
Address	MIAMI - FL 33196	Address.	<del>.</del>			
Name and Title	*	Name and Title				
Address			· —			
. 1001 000						

Name a	nd Title:	Name and Title:	
Addres		Address:	
ARTICLE VI The name and I Name: Address: ARTICLE VII	REGISTERED AGENT Torida street address (P.O. Box NOT accepta Lucas Belmonte 16021 sw 110 st Miami, FL 33196 INCORPORATOR	ble) of the registered agent is:	13 AUG 21 PM 2: 50  SECRETARY OF STATE SALLAHASSEE, FLORIDA
The <u>name and a</u>	address of the Incorporator is:		
Name:	Lucas Belmonte		
Address:	16021 sw 110 st		
	Miami, FI 33196		
	med as registered agent to accept service of p I am familiar with and accept the appointment		
	<u>an</u>		08-19-2013
	Required Signature/Registered Ager	nt .	Date
	cument and affirm that the facts stated herei Department of State constitutes a third degree		
	de		08-19-2013
	Required Signature/Incorporator		Date