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COVER LETTER

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

SUBJECT: SAN	TA MARIA PROFE	SSIONAL CONT ATE NAME – <u>MUST INCL</u>	RACTOR,ING	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 of Status	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	

FROM:	GERMAN J.J. CACCHIONE
1110111	Name (Printed or typed)
	17950 NW 6 PL.
-	Address
	MIAMI, FLORIDA 33169
-	City, State & Zip
	305 684-4301
	Daytime Telephone number
-	cacchionejj@hotmail.com E-mail address: (to be used 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)

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

name of the corpo				
ICLE II PR	UNCIPAL OFFICE		Nation and	and the attenues of t
	Principal street address		Mailing addre	ess, if different is:
950 NW	6 PL			
	35169			
ICLE III PU	RPOSE n the corporation is organized is:	MODEL INC	SMAII	CONCERTO
surpose for which	the corporation is organized is:	, rose a roa	- 377746	2 001117 20 01

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Name and	Title:	Name and Title:	_
Address		Address:	
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ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	German J.J Cacchione		
Address:	17959 NW 6 Place		
	Miami, Fl 33169		
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE VII	INCORPORATOR	THE P.	
The name and ad-	dress of the Incorporator is:	100 Co	
Name:	German JJ Carchi 17959 NW 6 Place	ione	
Address:	17959 NW 6 Place	_	
	miami, Fl 30169		
Having been nam this certificate, I a	ned as registered agains to accept service of proces on familiar with and accept the appointment as re	ess for the above stated corporation at the place designated registered agent and agree to act in this capacity	in
	Luly	· 104/26/20/	3
	Required Signature/Registered Agent /	Incorporator / Date	
I submit this docu document to the D	ument and affirm that the facts stated herein are Department of St ate constitu tes a third degree felo	re true. I am aware that the false information submitted it ony as provided for in s.817.155, F.S.	ı a
	Required Signature/Incorporator	Date	-

