P/300073018

	ſ
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: CORRECTED RATICLE IV	,
(SHARES) TO READ "10", PER TELEPHONE CONVERSION	/
WITH CHRISTOPHER FUSCO	
- 109/05/B	
γ (Office Use Only	



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13 AUG 30 PM 4: 23
SECRETARY OF STATE
TALL AHASSEE FLORIE

N 09/05/13

COVER LETTER

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

SUBJECT: IUNCRACKURI, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original	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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	

ROM	Christopher Fusco
	Name (Printed or typed)
	7760 NW 38 St.
	Address
	Davie, FL 33024
	City, State & Zip
	754-204-7785
	Daytime Telephone number
	CMFUSCO11@GMAIL.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)

ARTICLE I N. The name of the corpo	AME iUNCRACKURI, II	nc.	
	RINCIPAL OFFICE Principal <u>street</u> address		ddress, if different is:
Davie, FL 33	3024		
ARTICLE III PU	repose the corporation is organized is:	logy sales and re	epair
	,		
			Ac.
	······································		3 AU ECRE
ARTICLE V II	IITIAL OFFICERS AND/OR DIRECTOR		AUG 30 PH 4: CRETARY OF STA
ARTICLE V II Name and T	TTIAL OFFICERS AND/OR DIRECTOR	Name and Title:	AUG 30 PH URETARY OF AHASSEE, FI
ARTICLE V II	TTIAL OFFICERS AND/OR DIRECTOR		AUG 30 PH 4: CRETARY OF STA
ARTICLE V II Name and T	TITIAL OFFICERS AND/OR DIRECTOR Christopher Fusco, Director 7760 NW 38 St. Davie, FL 33024	Name and Title: Address:	AUG 30 PH 4: 23 UNETARY OF STATE AHASSEE, FLORIDA
Name and T Address	TITIAL OFFICERS AND/OR DIRECTOR Christopher Fusco, Directo 7760 NW 38 St. Davie, FL 33024 Rosa Castillo, Director 7760 NW 38 St	Name and Title: Address: Name and Title:	AUG 30 PH 4: 23 CRETARY OF STATE AHASSEE, FLORIDA
Name and T Address Name and Ti Address	TITIAL OFFICERS AND/OR DIRECTOR Christopher Fusco, Director 7760 NW 38 St. Davie, FL 33024 Rosa Castillo, Director 7760 NW 38 St.	Name and Title: Address: Name and Title: Address: Address:	AUG 30 PH 4: 23 UNETARY OF STATE AHASSEE, FLORIDA

Name	and Title:	Name and Title:
Addre	ess	Address:
ARTICLE VI	I REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the street address (P.O. Box NOT acceptable) and the street address (P.O. Bo	the registered agent is:
Name:	Christopher Fusco	
Address:	7760 NW 38 St.	ĪĀ∵. →
Addiess.	Davie, FL 33024	JECHE U
ARTICLE VI	II INCORPORATOR	AUG 30 P
The <u>name and</u>	address of the Incorporator is:	OF STA
Name:	Christopher Fusco	PATE SE
Address:	7760 NW 38 St.	Þ -
	Davie, FL 33024	
Having been r this certificate,	named as registered agent to accept service of process, , I am famili ar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	Then the	8/26/13
	Required Signature/Registered Agent	Date
I submit this d document to th		rue. I am aware that the false information submitted in a
	ffu ff	8/26/13
	required Signature/Incorporator	Date