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(Da	questor's Name)			
, (Re	equestors Name)			
(Address)				
(Ād	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
•	•			
(Do	cument Number)			
(55	oumone numero,			
Certified Copies	Cortificator	of Status		
Certified Copies	_ Certificates	OI Status		
Special Instructions to	Filing Officer:			

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COVÉR LETTÉR

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

_{subject:} Dar	iny Vargo PA		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	f 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
		ADDITIONAL CO	
FROM: D	anny Vargo	e (Printed or typed)	
55	501 SW 186 Ave	•	
		Address	
S	outhwest Ranch	es, Fl 33332	
- 4 -	City	, State & Zip	
95	54-434-4753		
	Daytime 1	relephone number	
da	anny@dannyvar	go.com	
	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)

	tion shall be: Danny Vargo F	<u> </u>		
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing ad	Idress, if different is:	
10481 N Ke	ndall Drive	10481 N Kendall Drive		
Suite D-203 Miami, Fl 33176		Suite D-203 Miami, FI 33176		
			ACC S ADDITION OF THE PERSONNEL PROPERTY OF	
ARTICLE IV SHA The number of shares of ARTICLE V INIT	FIAL OFFICERS AND/OR DIRECTO	 D <u>RS</u>	23 PH 4: 31 ANY OF STATE ASSEE, FLORIDA	
Name and Title	DANIEL VARGO, President	Name and Title:		
Address	10481 N Kendall Drive	Address:		
	Suite D-203			
	Miami, FI 33176			
Name and Title	·	Name and Title:		
Address		Address:		
Name and Title		Name and Title:		
Address		Address:		
		· · · · · · · · · · · · · · · · · · ·		
				

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	Este a manistrate de la constitución
	Daniel Vargo	the registered agent is:
Name: Address:	10481 N Kendall Drive Suite D-203	
Address.	Miami, FI 33176	ALC: S eng.
ARTICLE VII	INCORPORATOR	HASSE
The <u>name and ad</u>	Idress of the Incorporator is:	
Name:	Daniel Vargo	STATE OF THE STATE
Address:	5501 SW 186 Ave	TE 3
	Southwest Ranches, FI 33332	•
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg Λ	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	Required Signature/Registered Agent	9/14/13
	V	
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a v as provided for in s.817.155. F.S.
1 to	NS	9/14/13
	Required Signature/Incorporator	Date