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(Re	questor's Name)	 			
(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
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COVER LETTER

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

SUBJECT:	2106012 746				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
※ \$70.00	□ \$78.75 Filing Fee	□ \$78.75	■ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
		ADDITIONAL COPY REQUIRED			
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FROM:	ANTONIO CON	VOELIO			
	Name	(Printed or typed)			
	5810 2111				
<u>d</u>	1810 34th s	>1 M			
	<i>A</i>	Address			
	- 9	26	777		
	ST PETERSO	UKG, HI	33713		
	City,	State & Zip			
	727 6861	795			
Daytime Telephone number					
	Daytine 1	ciephone number			

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)

ots IAC.
Mailing address, if different is:
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IZZARÍA
2013 2013
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3 55
PRES Name and Title:
Address:
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Name and Title:
Address:
Name and Title:
Name and Title: Address:
Name and Title: Address:

Name and Tit	le:	Name and Title	FIL. SECRETARY DIVISION OF CO	OF STATE
Address		Address:	2013 OCT 24	PM 12: 39
ARTICLE VI RE	GISTERED AGENT			
	street address (P.O. Box NOT acceptable) of	the registered age	ent is:	
Name:	latorio Consello			
	h sur are feet			
	ST PETE FL 337/3			
ARTICLE VII IN	CORPORATOR s of the Incorporator is:			
Name:	Autonio Consello			
Address:	HOOF SALE A			
	ST PETE FL 23713	3		
	, s registered agent to accept service of process miliar with and accept the appointment as reg			
4	Callo		,	0-20-13
	Required Signature/Registered Agent	· 	!	0-20-13 Date
	t and affirm that the facts stated herein are to timent of State constitutes a third degree felony			ormation submitted in a
	Required Signature/Incorporator		<u></u>	10 -20 - 13 Date