## P13000093457

(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:				

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SECRETARY OF STATE

## **COVER LETTER**

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

## SUBJECT: Start Up International Opportunities Corp (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

ΩM·	Andres Martinez
<b>0111</b> .	Name (Printed or typed)
	4970 SW 94th Way
-	Address
	Cooper City, FL, 33328
	City, State & Zip
	786-267-7222
	Daytime Telephone number
	AidaGCamp@gmail.com
	E-mail address: (to be used for future annual report notification)

The state of the s

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)

The name of the corpora	tion shall be: Start Up Internationa	l Opportun	ities Corp.
<u>ARTICLE II PRI</u> 4970 SW 94	NCIPAL OFFICE Principal street address Ith WAY		Mailing address, if different is:
Cooper City	, FL, 33328	Hiale	eah, FL, 33014
The purpose for which t	Pose the corporation is organized is: business opportunities	 S.	
Educate, prepa	re and train small and mediu	m entreprei	neurs to succeed.
Offer semina	ars, courses, conferen	ces and	workshops.
Advertizing,	Marketing and Publici	ty	
			13 NOV 15
	TAL OFFICERS AND/OR DIRECTOR Andres Martinez/Director 4970 SW 94th Way Cooper City, FL, 33328	Name and Title:	Aida Mercedes Garcia/Director  4875 NW 178 TE  Miami Gardens, FL, 33055
Name and Title: Address	Maricela Rodriguez/Director 4875 NW 178 TE Miami Gardens, FL, 33055	Name and Title: Address:	
Name and Title:			

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	the registered agent is:		
Name:	Aida Mercedes Garcia			
Address:	4875 NW 178 TE			
	Miami <del>Garcia,</del> FL, 33055	SECRE IVISION NOV		
	Gardens	V NR T		
ARTICLE VII	INCORPORATOR	<b>5</b>		
The name and a	address of the Incorporator is:	<b>₩</b> %60%		
Name:	Maricela Rodriguez	PHI2: 25		
Address:	4875 NW 178 TE			
	Miami Gardens, FL, 33055	•		
Having been na this certificate, l	med as registered agent to accept service of process am familiar with and accept the appointment as req	for the above stated corporation at the place designated in istered agent and agree to act in this capacity		
		11/07/2013		
	Required Signature/Registered Agent	Date		
I submit this do document to the	cument 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 y as provided for in s.817.155, F.S.		
		11/07/2013		
<u> </u>	Required Signature/Incorporator	Date		