## P1300098141

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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13 DEC -9 PH 2: 41

or 12/10/13

## **COVER LETTER**

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

SUBJECT: PINCON PROGRESENO II CORP.							
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)							
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:							
				7			
\$70.00	\$78.75	\$78.75	<b>\$87.50</b>				
Filing Fee	Filing Fee	Filing Fee	Filing Fee,				
	& Certificate of Status	& Certified Copy	Certified Copy				
			& Certificate of				
		ADDITIONAL CO	Status				
		ADDITIONAL CO	PY KEQUIKED				
FROM: MARGARITH GONZALEZ  Name (Printed or typed)							
2900 N 26 ave # 508 Address							
HOLLY WOOD FC 33020 TO SEE STATE & Zip							
Daytine Telephone number							
M	ARGIE 3/1 (E	HOTMAI	L, com	PM 2: 4	F STAT		

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 corporation shall be	ре: <u>К/NC0N</u>	PROGR	ESENO IL CORI
ARTICLE II PRINCIPAL			Mailing address, if different is:
•	street address		waning address, it different is.
1717 NW 177			
MIANI FC	33/25		
ARTICLE III PURPOSE The purpose for which the corpora	ation is organized is:	7 N Y _	AWFUL
BUSINES	5		
			اسب. مدر. مراجع
			<b>~</b> 55
		<del></del>	1 -02 9 m
			<b>=</b> 110%S
ARTICLE IV SHARES The number of shares of stock is:			EACH
ARTICLE V INITIAL OF	RA G. BUE	50 PVT	$\lambda (n)$
Name and Title: / Y//	VA SUN 10E	Name and Titl	e: /
Address A	40 SW 185		
$M_{II}$	9MIFC.	33/77	
All A ANNA STREET, A CONTRACTOR	10		4./2
Name and Title:	N/H	Name and Titl	e:
Address	·	Address:	
		garage and a state of the state	
<b>440</b>			
Name and Title:	×/A	Name and Titl	e:/V <i>/fA</i>
Address		Address:	-
Addless		Aum €35.	***************************************
the state of the s		***************************************	***************************************

Name and Title:	X/A	Name and Title:	~ (A
Address		Address:	
		- unavariate	
ARTICLE VI REGISTI	ERED AGENT		
	address (P.O. Box NOT acceptal	ble) of the registered agent is:	
Name: NOR	A G. BUE.	50	
Address: 1349	10 SW 189	TERR	
MIA	gMI FC	33/77	
ARTICLE VII INCORPO	ORATOR		
The name and address of the	Incorporator is:		
Name: NO	RA G. BUE	E50	
Address:	RA 6 1508 440 500 12	85 TERR	
MI	AMI PC =	33/77	
Having been named as registe this certificate, I am familiar v	ered agent to accept service of pr with and ageept the appointment	rocess for the above stated co as registered agent and agree	rporation at the place designated in to act in this canacity
1			12/2/13
Rec	quired Signature/Registered Agen	t	Date
I submit this document and a	affirm that the facts stated herein of State constitujes a third degree	n are true. I am aware that t	he false information submitted in a
$\sim$	Course Senature Incorporator		133, F.S.
/ "			LAIL
			, ,

SECNETARY OF STATE
DIVISION OF STATE
ORPORATIONS