PHUUS 19147

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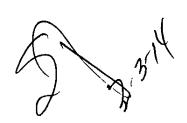




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COVER LETTER

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

SUBJECT: By N	Mariana, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	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
FROM: M	lariana Rodrigue	z Morales e (Printed or typed)	

13641 Deering Bay Dr. Apt.117

Coral Gables, FI 33158

marianarm@bellsouth.net

305-238-3996

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Address

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

he name of the corporat	E By Mariana, Inc.	14 FEB 27 414 9: 35
RTICLE II PRII	VCIPAL OFFICE Principal street address Bay Dr. Apt. 117	Mailing address, if different is:
Coral Gables,	<u> </u>	
RTICLE III PURI ne purpose for which the	POSE ne corporation is organized is:	ion and Sale of Arts and crafts
RTICLE IV SHA he number of shares of s	RES 100 Stock is: TAL OFFICERS AND/OR DIRECTOR: Mariana Rodriguez Morates, Pres. Treas. & Secretary	
Name and Title		Name and Title:
Address	13641 Deering Bay Dr. Apt. 117 Coral Gables, FI 33158	Address:
Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address		Address:
		

Name	and Title:	Name and Title:
Addre	ess	Address:
<u>ARTICLE VI</u>		
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable) of the	e registered agent is:
Name:	Mariana Rodriguez Morales	•
Address:	13641 Deering Bay Dr. Apt. 117	
	Coral Gables, Fl 33158	
<u>ARTICLE VI</u>	I INCORPORATOR	
The <u>name and</u>	address of the Incorporator is:	
Name:	Mariana Rodriguez Morales	
Address:	13641 Deering Bay Dr. Apt. 117	
7104.000.	Coral Gables,FI 33158	
	named as registered agent to accept service of process fo I am familiar with and accept the appointment as regist	or the above stated corporation at the place designated in tered agent and agree to act in this capacity
		02/20/2014
	Required Signature/Registered Agent	Date
I submit this a document to th	locument and affirm that the facts stated herein are true to Department of State constitutes a third degree felony of	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
·		02/20/2014
	Required Signature/Incorporator	Date