P14000036584

(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

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COVER LETTER

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

SUBJECT: <u>CA</u>	RIOCA DIGIT (PROPOSED CORPOR	AL CONSULTAI TATE NAME - MUST INCL	NTS INC
Enclosed are an orig	inal and one (1) copy of the a	rticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
	ROBERTO 1 Nar 1717 W SUNK TUNRISE FL	ne (Printed or typed) 215E BLVD. Address	STE 196

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

City, State & Zip

Daytime Telephone number

RBIANCHI 630 D GMAIL... COM E-mail address: (to be used for future annual report notification)

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

The name of the		E CAPIOCA	DIGIT	AL CO	NSULTA	NTS,	INC.
ARTICLE II	PRINCIPAL O	DFFICE treet address			Mailing addre	ss, if diffe	rent is:
12717	W SUN	RISE BLO					
STE 19							
SUMRIS	E FL	33323	_				
			ANY	AND A	LL LAW	FUL	BUSINESS
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	· ···· .						S & O
						_	AIE S
ARTICLE V Name at	nd Title: ADAN	GONZALEZ	P ,	Name and Tit	_{le:} (RISTO	BAL	SANCHEZ, VP
Address	12717	W SUN RISI	<u> βluD</u>	Address: 13	2717 W	SUNF	TSE BLOD
	5TE				<u>57.5</u>		
	SUN R	ISE FL 3.	3323		SUNRIS.	E F	<u> </u>
Name an	d Title: ROBEK	GO BIANCE	HI SEC,	Name and Tit	le·		
Address	12717 1	N SUNRISE	BLUD	Address:			
	SUN R	96 ISE, FC 33	323				
Name and	d Title:		1	Name and Tit	le:		
Address			/	Address:			·

Name and Title:	Name and Title:				
Address	Address:				
•					
ADOVOL D. III. DEGLOGEDDDD AGDUS					
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:				
Name: ROBERTO BIANCHI	. The registered agent is.				
Address: 12717 W SUNRISE BLUE SUNRISE FL 33323), STE 196 Es				
SUNRISE FL 33323	CRE LAH				
·	TAR ASS				
ARTICLE VII INCORPORATOR					
The <u>name and address</u> of the Incorporator is:	OF STA				
Name: ROBERTO BIANCHI					
Address: 12717 W SUNRISE BLUE					
SUNRISE, FL 33323					
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity 21 APR 14					
Required Signature/Registered Agent	21 APR 14				
Required Signature/Registered Agent	Date				
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Blerto Bianchi	21 APR 14				
Required Signature/Incorporator	Date				