## P14000059556

(Red	questor's Name)	
(Add	dress)	
, (A.I.	1>	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doe	cument Number)	<u>-</u>
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		ľ
:		
		ľ

Office Use Only



700261616157

07/11/14--01027--005 \*\*87.50

SECRETARY OF STATE

## **COVER LETTER**

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

ER INTE	TAR HONAL BORATE NAME - MUST INCLU	USI'MESS ZI UDE SUFFIX)
one (1) copy of the	articles of incorporation and	l a check for:
g Fee	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
23 5 W	209 fero. Address	
	one (1) copy of the $8.75$ g Fee rtificate of Status $2.3 \leq \omega$	Filing Fee ADDITIONAL CO ADDITIONAL CO Name (Printed or typed)  23 5. w 207 fero.

786 - 296 - 99 72

Daytime Telephone number

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

rodo/posallocha @ yahoo. 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)

ARTICLE I The name of the		3FFICE						•
ARTICLE II	PRINCIPAL ( Principal s	street address	,		Mailing addre	ess, if differen	nt is:	
12923 S.W 207 fest.			SAME					
Mian.	i, F/. 3	3177						
ARTICLE III	PURPOSE			10001	5/1	.0		
The purpose for	PURPOSE which the corpora	tion is organized	is <u>COVIO</u>	"esare,	Odles	ana	104	port
·	·	<u>'</u>						<del> </del>
	SHARES	1.000						
The number of s	shares of stock is:	FICERS AND/O	DR DIRECTO	RS +) Lin +) Name and Tit	le:	7	SECTION	14 JUL
The number of s	INITIAL OFF and Title: Rod	olfo Gall 235W	10 (Presid 207 ten	Name and Tit Address:	le:	5	SECRETARIA	14 JUL 11 P
ARTICLE V  Name : Addres	initial off  INITIAL OFF  and Title: Rod  1293  Mia	olfo Gall 235W	lo (Presid 207 fei 33177	Aun T) Name and Tit Address:		5	SECRITARY OF SIL	14 JUL 1 1 PH 4:
ARTICLE V  Name : Addres	initial off  INITIAL OFF  and Title: Rod  1293  Mia	olfo Gall 235W	lo (Presid 207 fei 33177	Aun T) Name and Tit Address:		5	SECRIFICATION STATE	14 JUL 1 1 PH 4: 18
ARTICLE V  Name : Addres	initial off  INITIAL OFF  and Title: Rod  1293  Mia	olfo Gall 235W	lo (Presid 207 fei 33177	Aun T) Name and Tit Address:		5	SECRIFFIC STATE	14 JUL 11 PH 4: 18
ARTICLE V Name: Address	INITIAL OFF and Title: Rod	olfo Gall 235W	lo (Presid 207 fei 33177	Aun T) Name and Tit Address:			SECRETARIAN SECRETARIAN	14 JUL 11 PH 4: 18
The number of s  ARTICLE V  Name a  Address  Address	initial off  INITIAL OFF  and Title: Rod  1293  Mia	CICERS AND/CO olfo Gall 23 S.W. Mi Fl. L. Rodris 23 S.W.	10 (Presidente 207 ten. 207 ten. 207 ten. 207 ten. 23177	Address:  Address:  Address:  Address:  Address:	le:		.,	

Name and Title:	Name and Title:
Address	Address:
· ·	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT	Γ acceptable) of the registered agent is:
Name: RODOLFO Gall	<u>%</u>
Address: 129 23 SW 207	Ten
Name: RODOLFO Gall Address: 12923 SW 207  Miami, Fl 331	77
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	<i>i</i>
Name: Rodolfo Galle Address: 1293 SW 207 Tan Miami FL 3	
Address: 1293 SW 207 Tax	<u>/</u>
Miami FL 3	33/77
	vice of process for the above stated corporation at the place designated in
this certificate, I all familiar with and accept the app	ointment as registered agent and agree to act in this capacity
M	06-24- <b>26</b> 14  Pered Agent Date
Required Signature/Registe	ered Agent Date
I submit this document and affirm that the facts sta document to the Department of State constitutes a thi	ted herein are true. I am aware that the false information submitted in a rid degree felony as provided for in s.817.155, F.S.
1) pue	rporator . Date
Required Signature/Inco	rporator Date
••	<b>基</b> 编 🖚
	14 JUL II PH 4: 10 SECRETARIASSEE PLORIDA
	P P
	engly a market or comment of the com