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PALLAHASSEE, FLORIDA

2 07/14/14

COVER LETTER

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

SUBJECT: Lize	ette Riollano,P.A		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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: Li	zette Riollano, F		
3(Nam 053 SW 165th A	e (Printed or typed)	
	JJJ JVV TOJITA	Address	
M	iramar, Fl 33027		
95	54-258-6833	, σαιτο αε Ζιρ	

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

Daytime Telephone number

Lizette.Riollano@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)

<i>c<u>le II </u></i>	INCIPAL OFFICE Principal <u>street</u> address oth Ave.	Mailin	g address, if different is:
amar, FI 3	3027		
	the corporation is organized is:	Estate Purposes	S
TICLE IV SH	ARES 100		LII PH 2: 17
	TIAL OFFICERS AND/OR DIRECT	TORS	
Name and Titi			sident/Vice Presi
Name and Titi	Lizette Riollano 3053 SW 165 Ave Miramar - Fl 33027		sident/Vice Presi
Address	Lizette Riollano 3053 SW 165 Ave	Name and Title: Pre Address: Name and Title:	
Address Name and Title Address	Lizette Riollano 3053 SW 165 Ave Miramar - Fl 33027	Name and Title: Pre Address: Name and Title: Address:	

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and FI Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) Lizette Riollano	of the registered agent is:	
	3053 SW 165th Ave.	• <u>···</u>	•
Address:	Miramar - Fl. 33027	_	TALLAN I
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Lizette Riollano		25 - 25 - 25 - 25 - 25 - 25 - 25 - 25 -
Address:	3053 SW 165 Ave		7
	Miramar - FI 33027		
	ned as registered agent to accept service of procum familiar with and accept the appointment as		t in this capacity
	Required Signature/Registered Agent		07-01-2014 Date
	ument and affirm that the facts stated herein a pepartment of State constitutes a third degree fell Required Signature/Incorporator		lse information submitted in a
	,		

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