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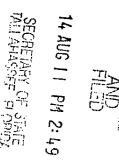
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

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

SUBJECT: Cros	soft Corporation (PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal 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: P	edro Enrique Alv	/arez	

Name (Printed or typed)

2640 Sw 142 ave

Address

miami,FI,33175

City, State & Zip

(786) 409-9211

Daytime Telephone number

kike miami@yahoo.com

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

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)

CLE II PRINCIPAL OFFICE	Main SEGRETARY AST STATE
Principal <u>street</u> address 3 sw 142 ave miami,fl,3317	TALL AND SET OF CHARLES
0 3W 142 ave Illiami,11,0017	
•	
CLE III PURPOSE	Any legal husiness
rpose for which the corporation is organized	zed is: Any legal business
CLE IV SHARES 100	
CLE IV SHARES 100 imber of shares of stock is:	
CLE IV SHARES 100 mber of shares of stock is:	D/OR DIRECTORS
CLE V INITIAL OFFICERS AND	D/OR DIRECTORS Name and Title:
CLE V INITIAL OFFICERS AND Name and Title:	Name and Title:
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(conti.)

APPROVEL AND FILED

Name and	l Title:	Name and Title:_	14 AUG 11 PM 2: 49
Address		Address: _	SECRETARY OF STATE TALLAHARSEE SLOPINA
ARTICLE VI The name and Flo Name:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Pedro Enrique Alvarez	the registered agen	t is:
Address:	2640 sw 142 ave miami,fl,33175		
ARTICLE VII	INCORPORATOR dress of the Incorporator is:		
Name:	Pedro Enrique Alvarez		
Address:	2640 sw 142 ave miami,fl,33175		
this certificate, I a	Required Signature/Incorporator	istered agent and a	gree to act in this capacity OSO 20161 Date hat the false information submitted in a