## P15000002419

(Re	equestor's Name)			
(Address)				
(Ad	ddress)			
. (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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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:		SLANCA IN TE NAME - MUST INCLI	U pelusionel			
Enclosed are an original and one (1) copy of the articles of incorporation and 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 PY REOUIRED			
FROM: Blanca Equiluz  Name (Printed or typed)  303 Galen DT + 320  Address						
Key Biscayne ft. 33149  City, State & Zip  (305) 731-1854  Daytime Telephone number  Equiloz blanca @ Jahoo Com						

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

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 NAME PRINCIPAL OFFICE Principal street address Mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: Polessional Corpora Services Consulting <u>ARTICLE IV</u> SHARES The number of shares of stock is: \ ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: B len br +320 Address: Address Name and Title:\_\_\_\_\_\_\_Name and Title:\_\_\_\_\_\_ Address Address: Name and Title:\_\_\_\_\_\_Name and Title:\_\_\_\_\_ Address \_\_\_\_\_ Address:

Name and	d Title: Name and Title:_	
Address	Address:	
		· · · · · · · · · · · · · · · · · · ·
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered agent	: is:
Name:	Blanca Equiloz	
Address:	303 Galen Dr \$300	<b>∵</b> →
	ley Biscappe, f1.33149.	ALL GIA
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Blanca Equiloz	
Address:	303 Galen Dr = 300	2)
	Key Biscayne, F1.33149	
Having been nam this certificate, I a	ned as registered agent to accept service of process for the above state am familiar with and accept the appointment as registered agent and a	d corporation at the place designated in gree to act in this capacity
	Lauca Laulu	1-5-15 Date
	Required Signature/Registered Agent	
	ument and affirm that the facts stated herein are true. I am aware the Department of State constitutes a third degree felony as provided for in	s.817.155, F.S.
	Required Signatury Incorporator	1-5-15
	Colored maybellar	Duv