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(Re	questor's Name)			
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SECRETARY OF STATE



COVER LETTER

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

SUBJECT:	diques tremin	un the.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
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 REQUIRED			
FROM: Lazaro V. Rodrigues. Name (Printed or typed) 27747 Ly Kwood Corcle.						
Wesley Chapel, FL 33565 City, State & Zip						
(8) 842-3736. Daytime Telephone number 5			15			
	E-mail address: (to be used	+ Q tahoo I for future annual report	notification)	JAN 28 AH		
1	NOTE: Please provide the or	iginal and one copy of	the articles A	AH 9: 05		

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

ARTICLE I The name of the o	NAME corporation shall be:	Radiguez	trenium	Doc Son My 28
_	PRINCIPAL OFF Principal stree	ICE		address, if different is
27				
Na	isley Chapel	1000d Cir. FL 33544		
ARTICLE III		:		
The purpose for	which the corporation	is organized is:		
	<u></u>			
ARTICLE V	nares of stock is:	ERS AND/OR DIRECT	fors fresident. Name and Title:	
Address		Kirkwood (•	
	Wasle	y Chapel Fi	<u>33</u> 244	
Name ar	ad Title		Name and Title	
Address				
radics.				
Name ai	nd Title:		Name and Title:	
Addres	s		Address:	

Name and Title:	Name and Title:
Address	Address:
·	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acco	ceptable) of the registered agent is:
Name: Lazaro Y. Podria	vez.
Address: 27747 Kur Kwood (Ja
Wesley Chapel ?	
wester croper.	मि ड्राप्त .
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
10000 1	11
Name: 400	1 a.
Address: ZAAAA KY Kwooc	<u> </u>
Wesley Chapel	म् अहपप.
) ' (
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appointm	of process for the above stated corporation at the place designated in ment as registered agent and agree to act in this capacity
1 / Nemol	
Required Signature/Registered A	Agent Date
	herein are true. I am aware that the false information submitted in
document to the Department of State constitutes a third de	egree felony as provided for in s.817.155, F.S.
I MARKET	1-12-15 Date
Required Signature/Incorpora	ator Date
<i>C</i>	

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15 JAN 28 AM 9: 05

SECRETARY OF STATE
VALLAMASSEE, FLORIDA