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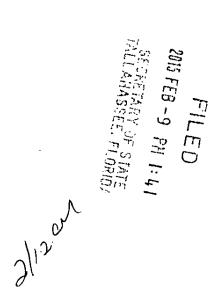
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

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

_{subject:} Giu	seppe Schiffino I	PA	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: G	iuseppe Schiffin	0	
77	725 SW 86 St. A	e (Printed or typed) 1-114	
		Address	
<u>M</u>	iami, FL 33143 City,	State & Zip	
30	05 587-9005	-	
	Daytime 7	elephone number	

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

gschiffino@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)

<u>icle II </u>	NCIPAL OFFICE Principal street address t. A1-114	Mailin	g address, if different is:
ami, FL·33	143		
TICLE III PUR ourpose for which (POSE the corporation is organized is:	tate self empl	oyment
			2015
			CRETARY O
			سمع شب ۱۱۰
			SIVIE 11:11
	stock is: _' TIAL OFFICERS AND/OR DIRECTOR		ORID.
number of shares of	stock is: _' TIAL OFFICERS AND/OR DIRECTOR		**
number of shares of	TIAL OFFICERS AND/OR DIRECTOR E: Giuseppe Schiffino/President 7725 SW 86 St. A1-114		**
number of shares of TICLE V INI Name and Titl	riock is: ' TIAL OFFICERS AND/OR DIRECTOR Giuseppe Schiffino/President	Name and Title:	**
Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR E: Giuseppe Schiffino/President 7725 SW 86 St. A1-114	Name and Title:	
Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR E: Giuseppe Schiffino/President 7725 SW 86 St. A1-114 Miami, FL 33143	Name and Title: Address: Name and Title:	
Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTOR e: Giuseppe Schiffino/President 7725 SW 86 St. A1-114 Miami, FL 33143	Name and Title: Address: Name and Title:	
Name and Title Address Address	TIAL OFFICERS AND/OR DIRECTOR e: Giuseppe Schiffino/President 7725 SW 86 St. A1-114 Miami, FL 33143	Name and Title: Address: Name and Title: Address:	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	Sur to the or
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Giuseppe Schiffino	
Address:	7725 SW 86 St. A1-114	
	Miami, FL 33143	
ARTICLE VII	INCORPORATOR	
ANTICOD VII	Media dia ton	
The name and ad	dress of the Incorporator is:	
Name:	Giuseppe Schiffino	
Address:	7725 SW 86 St. A1-114	
	Miami, FL 33143	
	um familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a vas provided for in s.817.155. F.S.
	Required Signature/Incorporator	2/3/15 Date
	/ /Required Signature/ Index postator	