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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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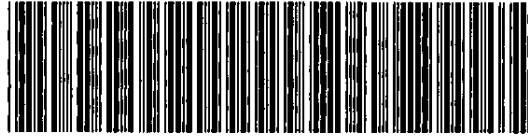
(Business Entity Name)

(Document Number)

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MD 9/21

## COVER LETTER

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

**SUBJECT:** ANA C. VALENCIA Corp.  
\_\_\_\_\_  
**(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       \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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**ADDITIONAL COPY REQUIRED**

**FROM:** ANA VALENCIA  
\_\_\_\_\_  
Name (Printed or typed)

5050 BISCAYNE BLVD  
\_\_\_\_\_  
Address

MIAMI, FL 33137  
\_\_\_\_\_  
City, State & Zip

786-509-3740  
\_\_\_\_\_  
Daytime Telephone number

ANAKVALENCIA@GMAIL.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)

**ARTICLE I NAME**

The name of the corporation shall be: ANA C.VALENCIA Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address  
5050 BISCAYNE BLVD, MIAMI, FL 33137

Mailing address, if different is:  
5050 BISCAYNE BLVD, MIAMI, FL 33137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of the company is consultant business administration

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**ARTICLE IV SHARES**

The number of shares of stock is: 2000 shares value \$0.01 each one

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ANA VALENCIA - PRESIDENT

Name and Title: DANNY LLOREDA-CEO

Address 5050 BISCAYNE BLVD, MIAMI,  
FL 33137

Address: 5050 BISCAYNE BLVD, MIAMI,  
FL 33137

Name and Title: DANNY LLOREDA-SECRETARY

Name and Title: \_\_\_\_\_

Address 5050 BISCAYNE BLVD, MIAMI,  
FL 33137

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ANA VALENCIA  
Address: 5050 BISCAYNE BLVD, MIAMI, FL 33137  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ANA VALENCIA  
Address: 5050 BISCAYNE BLVD, MIAMI,  
FL 33137  
\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/08/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

ANA VALENCIA  \_\_\_\_\_ 9/08/2015  
Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

ANA VALENCIA  \_\_\_\_\_ 9/08/2015  
Required Signature/Incorporator Date