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(Req	uestor's Name)	
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(City	/State/Zip/Phone	e #)
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COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	TE NAME - MUST INCL).
Enclosed are an orig	inal and one (1) copy of the art		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate o		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
ED OM.	Caitlin V J	Zmevance	

Caitlin II Domaraine

Name (Printed or typed)

5 ISIAND AVE SUITE BE
Address

MIAMI BEACH FL 33139

City, State & Zip

(305) 301 - 8092

Daytime Telephone number

CPOMENANCE AW @ AMAIL 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)

The name of the corpora	tion shall be: Caitin V. F	omenun	ce, P.A.	
	CIPAL OFFICE Principal street address	Ма	iling address, if different is:	
5 islanda	le,#8€			_
miami bea	ch FL 33139			
ARTICLE III PURPO The purpose for which t	he corporation is organized is:	ice of la	w	
				
ARTICLE V INITIA	stock is: 10,000 AL OFFICERS AND/OR DIRECTORS B: CAHLIN V. POMEYANCE	Name and Title:		
Address	President 5 Island ave, #8E	_ Address:		
	Miami beach FL 33139	- 	15 NO) -	
Name and Title	:	Name and Title:	3	#*
Address		_ Address:	<u> </u>	
Name and Title	:	Name and Title:_		
Address		_ Address:		

Name an	d Title:	Name and Title:	
Address	3	Address:	
	-		
	REGISTERED AGENT	OTTt-lab -fat- maximum d a court i	~.
i ne <u>name and r</u>	<u> </u>	OT acceptable) of the registered agent i	S.
Name:		rance_	
Address:	5 Island ave	,#8 <u>E</u>	
	Miami beach		
4 P. W. C. V. T. T.	INCORPOR (ECT		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	Courtin V. Por	nerance.	
Address:	5 Island av	e, #QC	
Audiess.	00.000 1000	d. 122120	
	Miami bear	14 th 30131	
	EFFECTIVE DATE:	(OPTIV	ONAA.
(If an effective of	other than the date of filing: date is listed, the date must be sp	ecific and cannot be more than five	
days after the fi			•
Note: If the date the document's e	e inserted in this block does not me effective date on the Department of	eet the applicable statutory filing require f State's records.	rements, this date will not be liste
Having been na	med as registered agent to accept:	service of process for the above stated	corporation at the place designa
this certificate, I	am familiar with and accept the a	ppointment as registered agent and ag	ree to act in this capacity
()	t0 = 111	Q	10/26/201
-	Required Signature/Reg	stered Agent	Date
I submit this do	cument and affirm that the facts :	stated herein are true. I am aware the	at the false information submitte
document to the	Department of State constitutes a	third degree felony as provided for in s	.817.155, F.S.
/ '	$tl = \langle () \rangle$	٥	10/26/201