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FA N
Division of Corporations

P-001/003

P160000019976

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
CHETAY COMPANY

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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FAX No.

P. 002/003

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: CHETAY COMPANY

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5122 NW 79 AVE APT 306

DORAL, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

SHARES: 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lorena Marisol Chetay Caceres (P)

Name and Title: _____

Address 5122 NW 79 AVE APT 306

Address: _____

DORAL, FL 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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

Name: Lorena Marisol Chetay Caceres
Address: 5122 NW 79 AVE APT 306
DORAL, FL 33166

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Lorena Marisol Chetay Caceres
Address: 5122 NW 79 AVE APT 306
DORAL, FL 33166

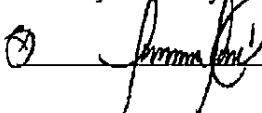
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

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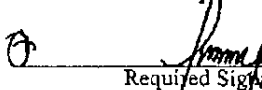
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 _____
Required Signature/Registered Agent

03/02/2016

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.

 _____
Required Signature/Incorporator

03/02/2016

Date