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| , (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | ısiness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

APR 1 1 2016 T. SCOTT



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16 APR -5 AM ID: 3

SECRETARY OF STATE OPPORATIONS

COVER LETTER

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

| SUBJECT: PUCHI | ART CO. | | |
|----------------------|---------------------------------|-----------------------------|--|
| 50DJD011 | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | d a check for: |
| | D *** *** | | D 005.50 |
| \$70.00 | □ \$78.75 | \$78.75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy | Certified Copy |
| | | - | & Certificate of |
| | | | Status |
| | | ADDITIONAL CO | PY REQUIRED |
| | | | , |
| | | | |
| | | | |
| FROM: Mai | ria Noriega | | |
| PROM. | Nam | e (Printed or typed) | |
| 876 | Ridgeland Dr. | | |
| | - | | —————————————————————————————————————— |
| | | Address | |
| Cuti | er Bay, Florida 33157 | | |
| | City | State & Zip | |
| | City, | State & Zip | |
| 786- | 731-0407 | | |
| | Daytime 1 | elephone number | |
| puch | inoriega@gmail.com | | |
| | F-mail address: (to be use | d 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)

| ******** | <u>CIPAL OFFICE</u> Principal <u>street</u> address | Mailing address | s, if different is: |
|--|--|---|-------------------------|
| 761 Ridgeland Dr. utler Bay, Fl. 33157 | | | |
| | | | |
| RTICLE III PURP he purpose for which | OSE the corporation is organized is: | rovide art services, create, sell and teach | art. |
| | | | |
| | | | |
| RTICLE IV SHAR | PES f stock is: | | |
| RTICLE V INITI | AL OFFICERS AND/OR DIRECTO | <u>RS</u> | |
| Name and Titl | AL OFFICERS AND/OR DIRECTO Maria Noriega President e: | RS Name and Title: | |
| RTICLE V INITI | AL OFFICERS AND/OR DIRECTO | RS Name and Title: | |
| Name and Titl Address | AL OFFICERS AND/OR DIRECTO e: Maria Noriega President 8761 Ridgeland Dr. Cutler Bay, Fl 33157 | RS Name and Title: Address: | 5 ₹ ₀ |
| Name and Titl Address Name and Title | AL OFFICERS AND/OR DIRECTO e: Maria Noriega President 8761 Ridgeland Dr. Cutler Bay, Fl 33157 | RS Name and Title: Address: Name and Title: | 16 APR -5 |
| Name and Titl Address | e: Maria Noriega President 8761 Ridgeland Dr. Cutler Bay, Fl 33157 | Name and Title: | 16 APR -5 |
| Name and Titl Address Name and Title | AL OFFICERS AND/OR DIRECTO e: Maria Noriega President 8761 Ridgeland Dr. Cutler Bay, Fl 33157 | Name and Title: | 16 APR -5 |
| Name and Title Address Name and Title Address | AL OFFICERS AND/OR DIRECTO e: Maria Noriega President 8761 Ridgeland Dr. Cutler Bay, Fl 33157 | Name and Title: | 16 APR -5 AM 10: 30 |

| Name a | and Title: | Name and Title: |
|-------------------|---|---|
| Addre | ess | Address: |
| | | |
| ARTICLE VI | DECISTEDED ACENT | |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of the str | he registered agent is: |
| Name: | Maria Noriega | |
| Address: | 8761 Ridgeland Dr. | |
| | Cutler Bay, Fl. 33157 | |
| ARTICLE VII | <u>INCORPORATOR</u> | |
| The name and | address of the Incorporator is: | |
| Name: | Maria Noriega | |
| Address: | 8761 Ridgeland Dr. | |
| | Cutler Bay, Fl 33157 | |
| Effective date, i | | (OPTIONAL) De more than five business days prior or 90 business |
| | te inserted in this block does not meet the applicable sta effective date on the Department of State's records. | atutory filing requirements, this date will not be listed as |
| | I am familiar with and accept the appointment as regis | or the above stated corporation at the place designated in tered agent and agree to act in this capacity 3/3i//6 |
| g g ee. e | Required Signature/Registered Agent | Date |
| | ocument and affirm that the facts stated herein are tr e Department of State constitutes a third degree felony | ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S. |
| | Magan. | 3/31/16 |
| Regu | uired Signature/Incorporator | Date |