## P16000034600

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## **COVER LETTER**

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FROM:	
	Name (Printed or typed)
-	6969 COLLINS AVE. APT. 1209 Address
-	MIAMI BEACH FL. 33141. City, State & Zip
_	3053450105
	Daytime Telephone number
••	maisesgo Q Jahoo.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)

	VCIPAL OFFIC Principal stree	et address	<del></del> -	Mai	ing address	s, if different is:	
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Name and Title:	Name and Title:
Address	Address:
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	<u></u>
	• •
· ·	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box I	NOT acceptable) of the registered agent is:
Name: MARTA I. E	
Address: 6969 COLLINS	AUE_ APT. 1209
MIAMI BEACH	
·	•
ARTICLE VIL INCORPORATOR	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
The <u>name and address</u> of the Incorporator is:	S S S
Name: MASTA I.	ESCOBAR SO THE
Address: 6969 Coll-	46 Aug 100 1209
	ACH, FL. 33/41
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be s days after the filing.)	4-6-2016 (OPTIONAL) specific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not me the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
	t service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
Required Signature/Reg	gistered Agent Date
	stated herein are true. I am aware that the false information submitted in a
	third degree felony as provided for in s.817.155, F.S.
Makeu & E	2069/ 4-6-16
Required Signature/Incorporator	Date