## P1600040543

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
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Office Use Only



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SECRETARY OF STATE
TALL/THANSFELT ORID

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## **COVER LETTER**

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

closed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
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	Juleisy C.		5
	JULEISY CANNAMINAMINAMINAMINAMINAMINAMINAMINAMINA		16 MAY -3 PH 1: 54

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)

	CIPAL OFFICE Principal street ad	ldness		Mailing address	if different ic	
u Gleno	, Principal <u>street</u> ad IEU DR			ivianing address	, ii different is.	
MPA F	1-33619	;				
CLE III PURI	OCE				, ,	
rpose for which	the corporation is o	organized is:	ny and	all La	WfUL	
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Name and	Title:	Name and Title:	
Address		Address:	
		<del></del>	
ARTICLE VI R	EGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	JULEISY CARDENAS	<del></del>	TALL SE
Address:	7011 Glendiew DR	<u></u>	
	Juleisy CARBENAS 7011 Glendiew BR TAMPA FL-23619		2 6 A
	,	·	
ARTICLE VII II	NCORPORATOR		
The name and add	ress of the Incorporator is:		TATE ORID/
Name:	Yuleisy CARDENAS	<del></del>	مديد. ا
Address:	7011 Glenview se	<del></del>	
	Juleisy CARDENAS JOH Glenview De TAMPA FL- 33619	<del></del>	
<u>ARTICLE VIII   1</u>	EFFECTIVE DATE:		
Effective date, if of	her than the date of filing:	. (OPTIONAL)	
days after the filing	te is listed, the date must be specific and can ag.)	not be more than five business days prior	r or 90 business
	nserted in this block does not meet the applicable ective date on the Department of State's records		ill not be listed as
	ed as registered agent to accept service of proce on familiar with and accept the appointment as r		
	Was dank	46-	2/2/1
	Required Signature/Registered Agent		2 <i>6-16</i> Date
	, ment and affirm that the facts stated herein ar		tion submitted in a
document to the De	epartment of State constitutes a third degree feld		
	Gendertel	4-	26-16 Date
Require	d Signature/Incorporator		Date