## P16000075190

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

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

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

SUBJECT:	OTORU BUSINESS (PROPOSED CORPORA	Partheru Incli TENAME-MUST INCLI	, · UDE SUFFIX)
	ginal and one (1) copy of the art		
□ \$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
FROM:	12171 SW 208T	e (Printed or typed)	
_	Homestead F	FL 33032 State & Zip	
		Celephone number  Crican Care - N  Ed for future annual report	

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)

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Name and 1	RIE:	Name and Title:	<del>,</del>	
Address		Address:		
				<del></del> -
ARTICLE VI RE The name and Flor	GISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Mark A Romance	o c		
Address:	394 Alhambra Circle			
_	NOM TOWER - 14m Floor		16	SIAK
	M10M1, FL 33134		SEP	5K
ARTICLE VII IN	CORPORATOR		-6	SE S
The name and addi	ress of the Incorporator is:			SE CE
Name:	Melanie Guettun		5: -	STA
Address:	11541 SW 80th Terrace		ည်	NO.
	Miami, FL 33173			0,
Effective date, if ot (If an effective dat days after the filin Note: If the date in	her than the date of filing: Filing Date e is listed, the date must be specific and cannot g.)  Isserted in this block does not meet the applicable extive date on the Department of State's records.	be more than five busines	s days prior or 90 bu	
Having been name	d as registered agent to accept service of process of familiar with and accept the appointment as reg	for the above stated corpord istered agent and agree to ac	ation at the place desig	gnated in
•			8/29/16	
	Required Signature/Registered Agent			<del></del>
I submit this document to the De	nent and affirm that the facts stated herein are partified affirm that the facts stated herein are	true. I am aware that the fa y as provided for in s.817.15.	lse information subm 5, F.S.	itted in a
Mollo	Like		8/30/1	
Require	d Signature/Incorporator		Date	