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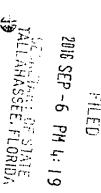
(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	<del>e</del> #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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## **COVER LETTER**

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

SUBJECT: Floor Sa	fety Treatments Inc		
Sobset.	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
F 1 1			
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
<b>\$70.00</b>	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate o
			Status
		ADDITIONAL CO	PY REQUIRED
Em	ilio Cuzan		
FROM:			
	Name	e (Printed or typed)	
570	Collins Avenue #1515		
-		Address	· · ·
		TAGE OF THE PARTY	
Mia	mi Beach, Fl. 33140		
	City,	State & Zip	
704	3951474		
780.			
	Daytime T	elephone number	
ecqz	an@aol.com		
	E-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)

	TIL	ΕŪ		
2016 SEP	-6	₽₩	,	
,•	-	(11	4:	19

he name of the corpo		PATTLE AHASSEF EL		
RTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address, if different is:		
701 Collins Avenue	±#1515	5701 Collins Avenue #1515		
Miami Beach, Fl 33140		Miami Beach, Fl 33140		
ARTICLE III PUR The purpose for which	to prov	vide floor anti slip treatments		
he number of shares	of stock is:			
the number of shares	of stock is:  TIAL OFFICERS AND/OR DIRECTOR  Title:  Emilio Cuzan , President	S. Name and Title:		
	of stock is:	_		
The number of shares  ARTICLE V INI  Name and T	TIAL OFFICERS AND/OR DIRECTOR  Sitle:  Emilio Cuzan , President  5701 Collins Avenue #1515  Miami Beach , Fl 33140	Name and Title:  Address:  Name and Title:  Address:		
The number of shares  ARTICLE V INI  Name and T  Address  Name and T  Address	TIAL OFFICERS AND/OR DIRECTOR  Title: Emilio Cuzan , President  5701 Collins Avenue #1515  Miami Beach , Fl 33140  Emilio Cuzan, Secretary  5701 Collins Avenue #1515  Miami Beach , Fl. 33140	Name and Title:  Address:  Name and Title:  Address:		

Name a	nd Title: Na	ame and Title:	<u> </u>
Addres	s A	ddress:	2016 SEP -6 PM 4: 19
			TALL TELEPHY LE
			THAMASSEE, FLORIDA
	REGISTERED AGENT  Florida street address (P.O. Box NOT acceptable) of the		<del>.</del>
Name:	Emilio Cuzan	registereu agent	15.
Address:	5701 Collins Avenue #1515		
	Miami Beach, Fl 33140		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and s</u>	address of the Incorporator is:		
Name:	Emilio Cuzan		
Address:	5701 Collins Avenue #1515		
radioss.	Miami Beach , Fl 33140		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, i	f other than the date of filing:	. (OPTI more than five	
	e inserted in this block does not meet the applicable stat	utory filing requi	rements, this date will not be listed as
	effective date on the Department of State's records.	acory ming roque	remains, and date will not be noted as
	med as registered agent to accept service of process for am familiar with and accept the appointment as registe		
•			8/31/2016
	Required Signature Registered Agent	<del> </del>	Date
	cument and affirm that the facts stated herein are true Department of State constitutes a third degree felony as		
acomment to the	CM )	province joi in s	D 12. /n
Regi	nired Signature/Incorporate	<del></del> _	Date