P16000 80968

(Requestor's Name)				
(Address)				
(Address)				
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bus	iness Entity Nar	ne)		
(Poc	ument Number)			
(200	ament Hamber,			
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			

Office Use Only

W600055578

OCT 0 6 2016.

T. SCOTT



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08/02/16--01020--016 **78.75





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2016

VELKIS ALICIA SILVA 31964 SW 187 PL HOMESTEAD, FL 33030

SUBJECT: PANAMA CORP Ref. Number: W16000055578

We have received your document for PANAMA CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 616A00018686

15 00T -4 AM 10: 35

COVER LETTER

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

SUBJECT:	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate o Status		
		<u> </u>			
FROM:	ELKIS ALICIA SILVA	e (Printed or typed)			
	•	e (i filited of typed)			
319	64 SW 187 PLACE	Address			
		Address			
HOMESTEAD, FLORIDA 33030 City, State & Zip					
				(78	(786)316-8510
	Daytime Telephone number				
pan	amasgoldenfrog@outlook.com				
	E-mail address: (to be use	ed 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>TICLE II </u>	Principal street address	Mailing add P.O. BOX 900063	dress, if different is:
MESTEAD, FLOI	RIDA 33030	HOMESTEAD, FLO	ORIDA 33090
TICLE III PURI	the corporation is organized is:	ALL LAWFUL BUSINESS.	
	of stock is:		
number of shares of	f stock is:	Name and Title:	
number of shares of	of stock is: AL OFFICERS AND/OR DIRECTORS VELKIS ALICIA SILVA/PRESIDENT 31964 SW 187 PLACE		
number of shares of shares of shares of shares of the share and sh	of stock is: AL OFFICERS AND/OR DIRECTORS IE: VELKIS ALICIA SILVA/PRESIDENT		
number of shares of the shares of the share and Tite Address	of stock is: AL OFFICERS AND/OR DIRECTORS VELKIS ALICIA SILVA/PRESIDENT 31964 SW 187 PLACE	Address:	
number of shares of the shares of the share and Tite Address	AL OFFICERS AND/OR DIRECTORS VELKIS ALICIA SILVA/PRESIDENT 31964 SW 187 PLACE HOMESTEAD, FLORIDA 33030	Address: Name and Title: Address:	100 ST - 1
number of shares of TICLE V INITA Name and Tit Address Name and Titl	AL OFFICERS AND/OR DIRECTORS VELKIS ALICIA SILVA/PRESIDENT 31964 SW 187 PLACE HOMESTEAD, FLORIDA 33030 e:	Address: Name and Title: Address:	100 ST - 1
number of shares of the shares of the share and Tite Address Name and Tite Address	Stock is: 100 AL OFFICERS AND/OR DIRECTORS VELKIS ALICIA SILVA/PRESIDENT 31964 SW 187 PLACE HOMESTEAD, FLORIDA 33030 e:	Address: Name and Title: Address:	16 0CT - 4 AM 8:

Name an	d Title:	Name and Title:
Address	5	Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	VELKIS ALICIA SILVA	
Address:	31964 SW 187 PLACE	-
, 144, 055.	HOMESTEAD, FLORIDA 33030	_
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	VELKIS ALICIA SILVA	_
Address:	31964 SW 187 PLACE	_
	HOMESTEAD, FLORIDA 33030	-
Effective date, if (If an effective of days after the fi	lling.)	(OPTIONAL) of the more than five business days prior or 90 business statutory filing requirements, this date will not be listed as
	effective date on the Department of State's records.	
	med as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
1) shing		10/01/2016
	Required Signature/Registered Agent	Date
I submit this document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree feloi	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
Jegh.		10/01/2016
Requ	ired Signature/Incorporator	Date