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COVER LETTER

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

SUBJECT: QUADA JUDE JELAZO	JULZ — LOF ENAME – <u>MUST INCL</u>	DEZ INC				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED				
FROM: Guadalupe Velazquez - Lopez Name (Printed or typed)						
221 Moriarty St. NW						
Fort Walton Beach, FL 325 F8						
· · · · · · · · · · · · · · · · · · ·	65-664° elephone number 0892400	yahoo.com				

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u> </u>	
Principal <u>street</u> address	Mailing address, if different is:
221 Moriartust, NW	
= + Walton Beach . FC	
7 259	8
e purpose for which the corporation is organized is:	- K5
210fit	7107
, ,	E 5 11
	SSN 22
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS	es-Lopez (Presia
RETICLE IV SHARES THE Number of shares of stock is: RETICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title GUACALUPE VLAZ GAME Address 22 MOVAY TYST Addre FOR THE WORLD BLACK 3 254	es-Lopez (Pres.9
Name and Title GUAGAUPL VIAZ Same Address 22 MOVICY TAST Addre	end-Lopez (Pres.9
Name and Title:	and Title:
Name and Title:	and Title:
Name and Title: Address Name and Title: Address Address Address Address Address Address Address Address Address	and Title: ss: and Title: ss:
Name and Title: Address Name and Title: Address Address Address Address Address Address Address Address Address	and Title: ss:

Name and Title:Address	Name and Title: Address:	ZOTA AUG ZA CATHE 38
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: 221 Moviar type F6(+ Walton Beauty)		:48
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Cuada upl Velazge Address: Z21 Mociar H FD(+ Woulton Ber	WZ - LOPTZ STNW JCh, FL 325	<u>-</u> 78
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cann filing.) Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records	e statutory filing requirements, this dat	
Having been named as registered agent to accept service of proce this certificate, Lam familiar with and accept the appointment as reconstructed agent. Required Signature/Registered Agent. I submit this document and affirm that the facts stated herein ar document to the Department of State constitutes a third degree felo	egistered agent and agree to act in this	24-77 Date
Required Signature/Incorporator		8-24-17 Date