(Requestor's Name)					
(Address)					
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(Document Number)					
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COVER LETTER

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

	(I KOLOSED COKLOK)	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
losed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	la check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of

M.	SABRINA ARIZA Name (Printed or typed) 1469 MARKET ST			
-				
				Address
	TALLAHASSEE, FL 32312			
	City, State & Zip			
	954 536 8408			
	Daytime Telephone number			
	SABRINA@FIGHTINGFORALL.COM			
	E-mail address: (to be used 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)

ARTICLE II PRI			
9351 Fontainebleau I	Principal street address	Mailing add SAME	ress, if different is:
Apartment # 223		- 	
MIAMI, FL 33172			1 - 1
ARTICLE III PUR The purpose for whic		AND ALL LEGAL BUSINESS	
ARTIÇLE V <u>INI</u>	of stock is:	<u>ss</u>	
	itle: BH.HAM J. HERRERA (P) 9351 Fontainebleau Blvd		
Address	APARTMENT #223	Address:	-
	MIAMI, FL 33172		····
Name and Ti	tle:	Name and Title:	
Name and Ti Address			
	tle:	Address:	2118 SEC
Address	tle:	Address:	2818 HAF SEURE: FALLAH
Address	tle:tle:	Address: Name and Title:	2818 MAR -6 SEURETARY FALLAHASSEE
Address Name and Ti	tle:	Address: Name and Title:	2111 HAR -6 SEURETARY FALLAHASSE

Name and Title:		Name and Title:	
Address	·	Address:	
			
			
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	MIDDLETON & MIDDLETON, P.A.		
Address:	1469 MARKET ST		
	TALLAHASSEE, FL 32312		
400000000000000000000000000000000000000	ANCORROB ATTOR		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	ddress of the Incorporator is:		
Name:	SABRINA ARIZA		
Address:	1469 MARKET ST		
	TALLAHASSEE, FL 32312	<u> </u>	
(BTIZEP LUIT	DESTRUCTIVE 6 APP		
	other than the date of filing:	. (OPTIONAL)	
(If an effective d	late is listed, the date must be specific and can	nnot be more than five days prior or 90 days after the	
	inserted in this block does not meet the applicab ffective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as is.	
this certificate, I		ress for the above stated corporation at the place designated registered agent and agree to act in this capacity	
		3. G. 18	
	Required Signature/Registered Agent	Date	
		ire true. I am aware that the false information submitted in	
document to the	Department of State constitutes a third degree fe	lony as provided for in s.817.155, F.S.	
		2 / .0	
Requi	ired Signature/Incorporator		