(Requestor's Name)				
(Address)				
(Address)				
<u> </u>				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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T. SCOTT



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SECRUTARY OF STALE

2018 MAY 29 AM 11: 8

## **COVER LETTER**

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

	ch Innovation Inc.				
SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	& Certificate of		
ADDIT		ADDITIONAL CO	Status DPY REQUIRED		
_	osvaldo Bonassi				
	Name	(Printed or typed)			
11	341 NW 64th Terrace				
<del></del>	,	Address	<del></del> -		
D	oral Florida 33178				
_	City, State & Zip				
30	05-316-4797				
_	Daytime T	elephone number			
os	valdobon7@gmail.com				
	E-mail address: (to be used	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)

TCLE II PRINC	IPAL OFFICE		
	Principal street address	Mailing address, if different is:	
141 NW 64th Terrace			
ral Florida 33178			
	This he corporation is organized is:  g importing and exporting.	Corporation will sell and resell ele	ctronics, computer parts
	stock is:		
number of shares of	stock is:  I. OFFICERS AND/OR DIRECTO  Osvaldo Bonassi President	<u>RS</u>	
number of shares of	stock is:  I. OFFICERS ANDIOR DIRECTOR  Osvaldo Bonassi President	Name and Title:	201 SE
number of shares of  TICLE Y INTIA  Name and Title	Stock is:	Name and Title:	2018 MA SECRE TALLAH
number of shares of  TICLE Y INTIA  Name and Title	Stock is:	Name and Title:	SECKETARY FALLAHASSE
number of shares of  TICLE V INITIA  Name and Title  Address	Osvaldo Bonassi President  11341 NW 64th Terrace  Doral Florida 33178	Name and Title:Address:	SECKE JARY 0
number of shares of  TICLE V INITIA  Name and Title  Address	A. OFFICERS ANDIOR DIRECTOR Osvaldo Bonassi President 11341 NW 64th Terrace Doral Florida 33178	Name and Title:  Address:  Name and Title:	SECRETARY OF SATING
Name and Title  Name and Title	Osvaldo Bonassi President  11341 NW 64th Terrace  Doral Florida 33178	Name and Title:  Address:  Name and Title:  Address:	SECRETARY OF SATING
Name and Title  Name and Title	A OFFICERS AND/OR DIRECTOR Osvaldo Bonassi President 11341 NW 64th Terrace Doral Florida 33178	Name and Title:  Address:  Name and Title:  Address:	SECRETARY OF SALE
Name and Title: Address	A. OFFICERS AND/OR DIRECTOR Osvaldo Bonassi President 11341 NW 64th Terrace Doral Florida 33178	Name and Title:  Address:  Name and Title:  Address:  Address:	SECRETARY OF SLATE TALLAHASSEE, FLORIDA
Name and Title: Address	A OFFICERS AND/OR DIRECTOR Osvaldo Bonassi President 11341 NW 64th Terrace Doral Florida 33178	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:	SECRETARY OF SLATE TALLAHASSEE, FLORIDA

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Osvaldo Bonassi	The registered agent is.
Address:	11341 NW 64th Terrace	-
Audress;	Doral Florida 33178	-
		-
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	Osvaldo Bonassi	_
Address:	11341 NW 64th Terrace	_
	Doral Florida 33178	_
. pgudi 13 1144		
Effective date, i	EFFECTIVE DATE: f other than the date of filing:	
(If an effective filling.)	date is listed, the date must be specific and canno	t be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
	med as registered agent to accept service of process 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
	(Islando Bo	JOSSI 05/25/2018
	Required Signature/Registered Agent	Date
		true. I am aware that the false information submitted in a
uocument to the	Department of State constitutes a third degree felor	y as provided for in \$.817.155, F.S.  05/25/2018
Requ	uired Signature/Incorporator	Date