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To:
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Fax Number : (850)617-6381

From:
Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

TUCANI SAM, CORP.

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: TUCANI SAM, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
1880 S. TREASURE DR. APT 2D	
NORTH BAY VILLAGE, FL 33141	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT	Name and Title: VICE PRESIDENT
Address: Rodolfo Enrique Ocando Tellez	Address: JOSE SAMUEL BARRIOS
1880 S. TREASURE DR, APT 2D	1880 S. TREASURE DR, APT 2D
NORTH BAY VILLAGE, FL 33141	NORTH BAY VILLAGE, FL 33141
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Rodolfo Enrique Ocando Tellez

Address: 1880 S. TREASURE DR, APT 2D

NORTH BAY VILLAGE, FL 33141

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Rodolfo Enrique Ocando Tellez

Address: 1880 S. TREASURE DR, APT 2D

NORTH BAY VILLAGE, FL 33141

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X _____ 06/15/2018

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X _____ 06/15/2018

Required Signature/Incorporator Date