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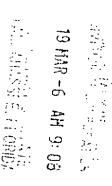
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COVER LETTER

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

SUBJECT:	MARIA CA. (PROPOSED CORPORA	STRO AVE	RSANO, P. F.
	(PROPOSED CORPORA	TENAME - MUST INCL	UDE SUPPLY
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee	□ \$78.75 Filing Fee	□ \$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	MARIA CAS	STRO AVE (Printed or typed)	ERSANO
	13212 OVE	RSTREET Address	RD
	WINDER ME	REFL 3	34786
	20/- Daytime T	694-392 clephone number	82
	MRCAVER E-mail address: (to be use	SANOW I	MAIL, COM

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 I NAME The name of the corporation shall be:	AARIA CASTRO	AVERSANO	P.P.A.
ARTICLE II PRINCIPAL OFFICE Principal street addre		Mailing address, if diffe	-
132/2 OVERSTREE			
WINDERMERE, FL 3	<u> </u>		
ARTICLE III PURPOSE The purpose for which the corporation is orga	mized is: _REAL_ESTF	9TE SERVIC	'ES
ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/A	OR DIRECTORS		
Name and Title: MARIA CAS	STRO AVERSANO	Title:	-
	Address:		
13212 DU	IERSTREET RD		3 3
WINDERM	ERE, FL34786	 ;	
Name and Title:	Name and	Title:	95. 9 35. 55. 9 35.
Address	Address:	•	ىر بى
			
Name and Title:	Name and	Title:	······
Address	Address:		

Name and	! Title:	Name and Title:	
Address		Address:	
<u>ARTICLE VI</u> R	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	MARIA CASTRO AVER	_	10 1
Address:	13212 OVERSTREET R	<u> </u>	TAR W
	WINDERMERE, FL 34	786	-6 A
<u>ARTICLE VII - I</u>	NCORPORATOR		4M 9: 08
The name and ad	dress of the Incorporator is:		80 kg
Name:	MARIA CASTRO AVER	ESANO	
Address:	13212 OVERSTREET	_RD	
	WINDERMERE, FL.	<i>3</i> 4786	
Effective date, if o	EFFECTIVE DATE: other than the date of filing: tte is listed, the date must be specific and cann	(OPTIONAL) not be more than five days prio	r or 90 days after the
Note: If the date in the document's eff	inserted in this block does not meet the applicabl fective date on the Department of State's records	le statutory filing requirements, ti	his date will not be listed as
Having been nam this certificate, I a	ed as registered agent to accept service of proce, m familiar with and accept the appointment as re	ss for the above stated corporati egistered agent and agree to act t	on at the place designated in in this capacity
	Hava In Warter		3-1-2019
, , 	Required Signature/Registered Agent		Date
I submit this d é cu document to the D	ment and affirm that the facts stated herein are epartment of State constitutes a thi <u>rd degree fel</u> o	e true. I am aware that the falso my as provided for in s.817.155.	e information submitted in a F.S.
	Maya M. Warley		3-1-2019
			Date