(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W19-34885			

Office Use Only



000326854480

03/29/19--01014--003 **70.00

APR 25 2019

K. Brumbley

COVER LETTER

Department of State New Filing Section Division of Corporations

P. O. Box 6327	
Tallahassee, FL	32314

SUBJECT:	(PROPOSED CORPO	PRATE NAME - <u>MUST INCL</u>	UDE SUFFIX)	
	(1107 51777 51717			
Enclosed are an	original and one (1) copy of the	articles of incorporation and	i a check for:	
S70.0 Filing Fe	·	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee. Certified Copy & Certificate of Status	
		ADDITIONAL CC	PY REQUIRED	
FROM:		ame (Printed or typed)		
	7750 SW 117TH AVE			
	Address			
	MIAMI FLORIDA 33183			
	ity, State & Zip			
	305 595-2407			
	Daytime Telephone number			
	MARIAQUIROS9@HOTMAIL.CO	М		
,	E-mail address: (to be	used for future annual report i	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)

RTICLE II PRIN	CIPAL OFFICE Principal street address	Mailing address, if different is: 7750 SW 117TH AVE SUITE 2010 MIAMI FLORIDA 33183	
MIAMI FLORIDA 33			
ARTICLE III PURI	OSE the corporation is organized is:		
he purpose for which			
		<u>-</u>	2819 APR SECRETA FALLAHAS
ARTICLE IV SHAI The number of shares of	f stock is:		IPR 16 AM ETARY OF S HASSEC, FL
Name and Tit	AL OFFICERS AND/OR DIRECTORS JAIME OSPINA, PRESIDENT le:	Name and Title:	골프 co
Address	738 NW 17 COURT		
-	MIAMI FLORIDA 33125		
Name and Titl	ei	Name and Title:	
Address			
	·		
Name and Titl	e;	Name and Title:	
Address		Address:	<u></u>

Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
			
	REGISTERED AGENT		
The <u>name and F</u> Name:	Florida street_address (P.O. Box NOT acceptab JAIME OSPINA	le) of the registered agent is:	
Address:	738 NW 17 COURT		
	MIAMI FLORIDA 33125		
<u>ARTICLE VII</u>	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	JAIME OSPINA		
Address:	738 NW 17 COURT		
	MIAMI FLORIDA 33125		
Effective date, if (If an effective filing.)	EFFECTIVE DATE: 04/05/2019 f other than the date of filing: date is listed, the date must be specific and care is listed.	·	prior or 90 days after the
	e inserted in this block does not meet the applic effective date on the Department of State's reco		nts, this date will not be listed as
	med as registered agent to accept service of pr am familiar with and accept the appointment of		
x ~			03/19/2019
2	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein Department of State constitutes a third degree		
0			03/19/2019
Rayu	nired Signature/Incorporator		Date

March 19, 2019

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

Re: CLIXY CONSULTING SERVICES INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Jaima Osnina

JOSE L. RUIZ

Notary Public - State of Florida

Commission & FF 938168

My Comm. Expires Nov 22, 2019

Bonded through National Notary Assn.