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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

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

SUBJECT:	Loves constru	ction corp	poration
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fed		□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Jorge L Man	m ο ς (Printed or typed)	
-	6146 W 141ct	Address	
	HiAleah City, 786-691-0606	FL 3301	_
-	City,	State & Zip	-
	786-691-0606		
-		elephone number	
_	Mam Gr3@ A		
	E-mail address: (to be used	I for future annual report r	otification)

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)

TEH DON	VCIPAI OFFICE							
ulen run	LE II PRINCIPAL OFFICE 6 ω /4c Principal street address		Ma	Mailing address, if different is:				
96 W 170	FL 330	12						
Aleun	1-1 220		_					
	DOSE		_	1				
	<i>POSE</i> the corporation is	s organized is: _	10 W 07	Kin	the	C٥	<u> 15</u>	<u> </u>
Field			. <u> </u>					
								
umber of shares	of stock is:/0	<u>AND/OR DIREC</u>						
<i>CLE V INIT</i> Name and Ti	tle: Jorge	AND/OR DIRECT L Primos 241 +	Name		<u>-</u>			
number of shares	tle: Jorge	AND/OR DIRECT L Primos 241 +	Name					
Name and Ti	tle: Jorge Veside	AND/OR DIRECT Lings 2y t 14ct-Hi	Name				 Q)	
Name and Ti	tle: Jorge	AND/OR DIRECT Lings 2y t 14ct-Hi	Name				1	
Name and Ti	tle: Jorge Veside FL 32	AND/OR DIRECT L Primos 2n t 14ct-Hi 30/2	Name Addr	ess:			(2)	
Name and Tit Name and Tit	TAL OFFICERS AT 11c: Jorge 1 Preside 6146 W/FL 32	AND/OR DIRECT L Primos 24 + 14ct- Hi 30/2	Name Name	ess: e and Title:			19 SEP 27	
Name and Ti	TAL OFFICERS AT 11c: Jorge 1 Preside 6146 W/FL 32	AND/OR DIRECT L Primos 24 + 14ct- Hi 30/2	Name Addr	ess: e and Title:		Jan Day Control	130 SEb	
Name and Tit Name and Tit	tle: Jorge Veside FL 32	AND/OR DIRECT L Primos 24 + 14ct- Hi 30/2	Name Addr	ess: e and Title:		11.12.12.50	19 SEP 27	
Name and Tit Name and Tit	TAL OFFICERS AT 11c: Jorge 1 Preside 6146 W/FL 32	AND/OR DIRECT L Primos 24 + 14ct-Hi 30/2	Name Aleah Name Name Addr	ess: e and Title:		Tell Dayella Chapte	19 SEP 27 AH 11: 56	The state of the s
Name and Tit Address	TAL OFFICERS AT 11c: Jorge 1 Preside 6146 W/FL 32	AND/OR DIRECT L Primos 2n t 14ct-Hi	Name Name Addr	ess: e and Title: ess:		The Dassell of Chief	19 SEP 27 AM 11: 56	
Name and Tit Address	tle:le:	AND/OR DIRECT L Primos 2nt 14ct-Hi 30/2	Name Name Addr	ess: e and Title: ess: esand Title:		The Land Control of Co	19 SEP 27 AKIII: 56	10 CT

Name and Title: Name and T	Title:
Address:	-
	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered	1 agent is:
Name: Jorge L Ramos	a dgeat is.
Address: 6146 W 14ct	
Name: Sorge L Barnos Address: 6146 W 14ct HiAleah FL 33012	
	19 SEP 27 AH II : 56
<u>ARTICLE VII INCORPORATOR</u>	SEP
The <u>name and address</u> of the Incorporator is:	27
Name: Sorge L Hamos	
Name: Sorge L Ramos Address: 6146 w/4ct HiAleah FL 3301L.	
FL 3301L.	ဗ္ဗာ- တိ ု
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 10-1-20/9 (If an effective date is listed, the date must be specific and cannot be more than	(OPTIONAL) In five days prior or 90 days after the
filing.)	
Note: If the date inserted in this block does not meet the applicable statutory filing the document's effective date on the Department of State's records.	g requirements, this date will not be listed as
Having been named as registered agent to accept service of process for the above this certificate, I am familiar with and accept the appointment as registered agent	stated corporation at the place designated in and agree to act in this capacity
Sorgo	9-20-20/0 Date