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(Business Entity Name)			
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COVER LETTER

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

4.

SUBJECT: VIAM SCHUCS IN (PROPOSED CORPORAL	C ·	
(PROPOSED CORPORA)	E NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	l a check for:
\$\frac{1}{2}\$\$ \$70.00 \text{S78.75} \\ \text{Filing Fee} \text{Filing Fee} \\ & \text{Certificate of Status}	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL CO	PY REQUIRED
FROM: Vanessa Guten		
1855 SW 177+10 H	CLYCICP AD ddress	
Miramar, Fl 3	302-7 State & Zip	
786-438-835 Daytime Te	lephone number	
Varussa @ PROS E-mail address: (to be used	SERG MAMA Co	2000

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)

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voiced etenat addrage	}	Mailing address, if differe	nt is:
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IO 000			
K 15:			
anessa Gutenz	2 Pres. Name and Title	:	
55 SW 177+1 HE	Mace Address:		
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lona M Gurem 55 SW 17747 10 111amar, Fr 32	Name and Title Address: Name and Title		DEC 10 PH C
lona M Guzem 55 SW 17947 jo 111amar, F. 32	Name and Title Address: Name and Title		DEC 10 PH C
	k is: 10,000 OFFICERS AND/OR DIRECT CINESSA SUTIENZE SS SW 177+41 HE	ncipal street address 1 + 0 11 11 11 11 11 11 11 11 11 11 11 11 1	Mailing address. if difference of the street address is the street address. If difference of the street address is the street address. If difference of the street address is the street address. If difference of the street address is the street address. If difference of the street address is the street address is the street address in the street address is the street address. If difference of the street address is the street address in the street address is the street address in the street address in the street address is the street address in the street address in the street address is the street address in the street

Name and Title:	Name and Title:			
Address	Address:			
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acceptable) of Name:				
Address: 1855 SW 177+4 torrace	_			
Miramar fr 33029	-			
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:				
Name: Varesse Gitemaz	-			
Address: 1855 SW 1774M torrac	<u></u>			
Miramar, Fr 33025	L			
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 12920 (If an effective date is listed, the date must be specific and cannotiling.)	. (OPTIONAL) of be more than five days prior or 90 days after the			
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.				
Having been named as registered agent to accept service of process f certificate, I am familiar with and accept the appointment as register	red agent and agree to act in this capacity			
Glona W Cythence. Required Signature/Registered Agent	12 11 19 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.				
Required Signature/Incorporator	Date 12 11 19			
response riginalise interpolation				