## P190000093109

	(Requestor's Name)			
(Address)				
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
<u> </u>	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer				

Office Use Only



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PIEC IS PH 3: I

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

COLLINS 2502 COR	P		
	<del></del>	<del></del>	
			Art of Inc. File
	·		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	<del></del>	Fictitious Owner Search	
5.5.mater.0			Vehicle Search
			Driving Record
Requested by: Seth	12/16/19		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Maille	Date	THIC	UCC 11 Retrieval
Walk-In Company Co. Brown and Co. Brown	Will Pick Up		Courier

## **COVER LETTER**

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

SUBJECT: COLLINS 2502 CORP				
(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the art	ticles of incorporation and	d a check for:		
☐ \$70.00	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of		
	ADDITIONAL CO	Status OPY REQUIRED		
FROM: PAOLA SANCHEZ				
Nam	e (Printed or typed)			
9130 S DADELAND BLVD SUI	TE 1509			
Address				
MIAMI FLORIDA, 33156				
City, State & Zip				
305-670-1991				
Daytime Telephone number				
PSANCHEZ@GUZMANANDGUZMAN.COM				
E-mail address: (to be use	d for future annual report n	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)

ICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
• ——	·
30 S DADELAND BLVD STE 1509	9130 S DADELAND BLVD STE 1509
AMI FL, 33156	MIAMI FL, 33156
TICLE III PURPOSE purpose for which the corporation is organized is: Af	NY AND ALL LAWFUL BUSINESS
	<u> </u>
TICLE IV SHARES number of shares of stock is: 1,000 TICLE V INITIAL OFFICERS AND/OR DIRECTO	
TICLE IV SHARES number of shares of stock is: 1,000 TICLE V INITIAL OFFICERS AND/OR DIRECTO	DRS   Name and Title:
TICLE IV SHARES  number of shares of stock is: 1,000  TICLE V INITIAL OFFICERS AND/OR DIRECTO  Name and Title: (P) SEBASTIAN ESKENAZ	DRS    Name and Title:
TICLE IV SHARES  number of shares of stock is: 1,000  TICLE V INITIAL OFFICERS AND/OR DIRECTO  Name and Title: (P) SEBASTIAN ESKENAZ  Address 9130 S DADELAND BLVD S	DRS  I Name and Title:  TE 1509Address:
TICLE IV SHARES  Inumber of shares of stock is: 1,000  TICLE V INITIAL OFFICERS AND/OR DIRECTO  Name and Title: (P) SEBASTIAN ESKENAZ  Address 9130 S DADELAND BLVD S  MIAMI FL, 33156	DRS  I Name and Title:  TE 1509Address:
TICLE IV SHARES  I number of shares of stock is: 1,000  TICLE V INITIAL OFFICERS AND/OR DIRECTO  Name and Title: (P) SEBASTIAN ESKENAZ  Address 9130 S DADELAND BLVD S  MIAMI FL, 33156  Name and Title:	DRS  I Name and Title:  TE 1509Address:  Name and Title:
TICLE IV SHARES  I number of shares of stock is: 1,000  TICLE V INITIAL OFFICERS AND/OR DIRECTO  Name and Title: (P) SEBASTIAN ESKENAZ  Address 9130 S DADELAND BLVD S  MIAMI FL, 33156  Name and Title:	Name and Title:  Name and Title:  Address:

Name a	nd Title:	Name and Title:
Addres	s	Address:
ADDICE DAY	h	
The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	GUZMAN & GUZMAN P.A.	
Address:	9130 S DADELAND BLVD STE 1509	
	MIAMI FL, 33156	
ARTICLE VII	<u>INCORPORATOR</u>	
	ddress of the Incorporator is:	
Name:	MARIO GUZMAN	
Address:	9130 S DADELAND BLVD STE 1509	
	MIAMI FL, 33156	
ADTICLE VIII	GEEECTIVE DATE.	
Effective date, if	other than the date of filing:	(OPTIONAL)
(If an effective of filing.)	late is listed, the date must be specific and cannot	be more than five days prior or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applicable of effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been nan certificate, I am f	ned as registered egent to accept service of process fo amiliar with and accept the appointment as registere	r the above stated corporation at the place designated in this d agent and agree to act in this capacity
	and the state of t	12/16/2019
	Required Signature/Registered Agent	Date
I submit this doc document to the I	ument and affirm that the facts stated herein are t Department of State constitutes a Wird degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
Donnier - Cities	lustra	12/16/2019
Required Signatu	re/incorporator	Date

. . . .