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COVER LETTER

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

MIAMI, FL 33186

OLGA@ITAXPROFESSIONAL.COM

786-422-4209

rananassee, FL 32	314		
SUBJECT: RR	GARDENDS IN	C ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filling Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: OL	GA HERNANDEZ		
	Name	(Printed or typed)	
901	0 SW 137 AVE SUITE 205		
	A	ddress	

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PI	RINCIPAL OFFICE		
	Principal street address	Mailir	ng address, if different is:
0 SW 52		13250 SW	52 ST
M, FL 331	175	MIAMI, FL	
LE III PU pose for wh	/RPOSE ich the corporation is organized is:	ANY AND ALL LAWFUL BI	USINESS
			
	ARES s of stock is: 1000	TORS	
E V INIT	TIAL OFFICERS AND/OR DIRECT TILE: ROQUE, ROBERTO, PRE	SIDENT	
<i>EV INI</i> Name and T	TIAL OFFICERS AND/OR DIRECTOR PRE 13250 SW 52 ST	SIDENT	
EV INJ	TIAL OFFICERS AND/OR DIRECTION PRESENTS OF ST	ESIDENT Name and Title:	
E V INI	TIAL OFFICERS AND/OR DIRECTOR PRE 13250 SW 52 ST	ESIDENT Name and Title:	
E V INIT Name and T Address ame and Tit	TIAL OFFICERS AND/OR DIRECTION PRESENTE: ROQUE, ROBERTO, PRESENTE: 13250 SW 52 ST MIAMI, LF 33175	Name and Title:Address:	
E V INIT Name and T Address ame and Tit	TIAL OFFICERS AND/OR DIRECTOR PRESENTE: ROQUE, ROBERTO, PRESENTE: 13250 SW 52 ST MIAMI, LF 33175	Name and Title: Name and Title: Address: Name and Title:	
E V INIT Name and T Address ame and Tit	TIAL OFFICERS AND/OR DIRECTION PRESENTATION PROSENTATION PRESENTATION	Name and Title: Name and Title: Address: Name and Title:	
E V INIT	TIAL OFFICERS AND/OR DIRECTION PRESENTATION PROSENTATION PRESENTATION	Name and Title: Name and Title: Address: Name and Title:	2020 SEU
E V INIT Name and T Address ame and Tit	TIAL OFFICERS AND/OR DIRECT IIIe: ROQUE, ROBERTO, PRE 13250 SW 52 ST MIAMI, LF 33175	Name and Title: Address: Name and Title: Address: Address:	2020 J SECH TAL
E V INIT Name and T Address ame and Tit	TIAL OFFICERS AND/OR DIRECTION PRESENTATION PROSENTATION PRESENTATION	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	2020 J SECH TAL

Name and Title:		Name and Title:	
Address			
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the renictanal access in	
Name:	ROQUE, ROBERTO	i de registret agan is:	
Address:	13250 SW 52 ST	-	
	MIAMI, FL 33175	- -	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	ROQUE, ROBERTO		
Address:	13250 SW 52 ST	•	
	MIAMI, FL 33175	-	
(If an effective d	rate is fished, the date must be specific and cannot	(OPTIONAL) t be more than five days prior or 90 days after the	
the document's e	mserted in this block does not meet the applicable service date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
.		r the above stated corporation at the place designated in this d agent and agree to act in this capacity	
Boberto		01/17/2020	
I merkanik aktor	Required Signature/Registered Agent	Date	
i suomu this doci document to the D	iment and affirm that the facts stated herein are tr epartment of State constitutes a third degree felony i	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.	
Required Signatur	2 Ploque	01/17/20	
	•	Date	

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