

P2000000 3541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

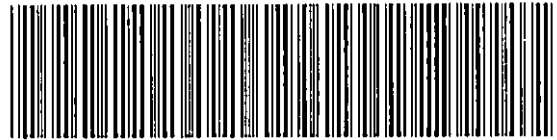
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/21/20--01006--018 \*\*78.75

20 JAN 21 5:11:34

2020 JAN 21 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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**WALK IN**

**PICK UP:** 1/21 Glinda

**XX** CERTIFIED COPY \_\_\_\_\_  
☐ PHOTOCOPY \_\_\_\_\_  
☐ CUS \_\_\_\_\_  
**XX** FILING ARTICLES \_\_\_\_\_

1. ADYS DUARDO ATELIER INC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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## COVER LETTER

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

**SUBJECT:** ADYS DUARDO ATELIER INC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** GEORGE SAENZ

Name (Printed or typed)

201 S BISCAYNE BLVD STE 2877

Address

MIAMI FL 33131

City, State & Zip

305-856-4924

Daytime Telephone number

saenzmia@bellsouth.net

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

ARTICLE I NAME

The name of the corporation shall be: ADYS DUARDO ATELIER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

701 JERONIMO DR  
CORAL GABLES FL 33146

Mailing address, if different is:

701 JERONIMO DR  
CORAL GABLES FL 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADYS DUARDO, PRES, SECY

Name and Title: \_\_\_\_\_

Address 701 JERONIMO DR

Address: \_\_\_\_\_

CORAL GABLES FL 33146

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2020 JAN 21 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: GEORGE SAENZ  
Address: 201 S BISCAYNE BLVD STE 2877  
MIAMI FL 33131

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: GEORGE SAENZ  
Address: 201 S BISCAYNE BLVD STE 2877  
MIAMI FL 33131

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

George Saenz 1/21/2020  
Required Signature/Registered Agent 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.*

George Saenz 1/21/2020  
Required Signature/Incorporator Date