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(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				
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Office Use Only



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SECRETARY CLARKS.

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ACCESS, _____

CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK	117	
	PIC	K UP: 01/	/27/2020	
x	CERTIFIED COPY			
	РНОТОСОРУ		-	
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XX	FILING	ARTICLES		
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COVER LETTER

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

SUBJECT: SUPR	EME TECH INDUSTRIES INC PROPOSED CORPOR	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 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☑ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of

ROM:	LUIS MONCADA			
	Name (Printed or typed)			
	101 SW 9TH ST STE 1C			
	Address			
	MIAMI FL 33130			
	City, State & Zip			
	786-702-2317			
	Daytime Telephone number			
_	saenzmia@bellsouth.net			
	E-mail address: (to be used for future annual report notification)			

ADDITIONAL COPY REQUIRED

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)

<u>ARTICLE II PRIN</u>			
101 SW 9TH ST STE 1C	Principal street address	Mailing : 101 SW 9TH ST STE 1	address, if different is:
MIAMI FL 33130		MIAMI FL 33130	
ARTICLE III PURI The purpose for which	POSE n the corporation is organized is: ANY LEC	GAL BUSINESS PURP	OSE
	· · · · · · · · · · · · · · · · · · ·		
			2020 TALL
			37 <u>2</u> 1
ARTICLE IV SIIA.	DF C		29
The number of shares of	of stock is: 100		
•	IAL OFFICERS AND/OR DIRECTORS		章用 七
Name and Ti	tle: LUIS MONCADA, PRES, SEC	Y Name and Title:	
Address	101 SW 9TH ST STE 1C	Address:	
	MIAMI FL 33130		
		_	
Name and Titl	le:	Name and Title:	
Address			
7 4441 6447			
st d mid		Nimes and Amid of	
Name and Thi	e:		
		Address:	
Address			

Name and	Title:	Name and Title:
Address		Address:
	EGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	LUIS MONCADA	_
Address:	101 SW 9TH ST STE 1C	
	MIAMI FL 33130	_
<u>ARTICLE VII I</u>	NCORPORATOR	
The name and add	dress of the Incorporator is:	
Name:	GEORGE SAENZ	_
Address:	201 S BISCAYNE BLVD STE 28	77
	MIAMI FL 33131	_
Effective date, if o	EFFECTIVE DATE: other than the date of filing: tte is listed, the date must be specific and cannot	(OPTIONAL) ot be more than five days prior or 90 days after the
	inserted in this block does not meet the applicable feetive date on the Department of State's records	e statutory filing requirements, this date will not be listed as
	ed as registered agent to accept service of process miliar with and accept the appointment as regist	for the above stated corporation at the place designated in this cred agent and agree to act in this capacity
	George Saenz Required Signature/Registered Agent	01/27/2020
	Required Signature/Registered Agent	Date
	iment and affirm that the facts stated herein ar epartment of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	George Saenz c/Incorporator	01/27/2020
Required Signatur	c/Incl/fporatdf	Date