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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
·	, , , ,
PICK-UP	WAIT MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
0	Filt of Officer
Special Instructions to	Filing Officer:

Office Use Only



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COVER LETTER

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

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(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclo	osed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
	\$1 \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
	FROM: OL	GA HERNANDEZ	e (Printed or typed)		
	901	.0 SW 137 AVE SUITE 205	(Timed of typed)		
	<u></u>	Address			
	MIA	AMI, FL 33186			
	-	City,	State & Zip		
	786	5-422-4209			
		Daytime T	elephone number		
	OLO	GA@ITAXPROFESSIONAL.COM	1		
	-	E-mail address: (to be use	d for future annual report r	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 corporat	ion shall be: SUCOR CORP		
ARTICLE II PRINC		Mailing add	ress, if different is:
9010 SW 137 AVE		9010 SW 137 AVE	
MIAMI, FL 33186		MIAMI, FL 33186	
ARTICLE III PURPO. The purpose for which the	PSE he corporation is organized is: ANY AND A	LL LAWFUL BUSINESS	
ARTICLE IV SHARI	ES 1000		ZOZO NAR SECNALA TALLAHA
The number of shares of	Stock is: 1000 LOFFICERS AND/OR DIRECTORS SUAREZ HERNANDEZ, LUIS REINEL, PRESIDENT	Name and Title:	-9 P
Address	9010 SW 137 AVE MIAMI, FL 33186	Address:	<u> </u>
Name and Title:			
Name and Title:		Name and Title:	
		. <u></u>	

Name and	Title:	Name and Title:	
Address		Address:	
			_
	EGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the maistered agent is:	
Name:	SUAREZ HERNANDEZ, LUIS REINEL	the registered agent is.	
Address:	9010 SW 137 AVE		
	MIAMI, FL 33186		
ARTICLE VII	<u>NCORPORATOR</u>		
The name and add	dress of the Incorporator is:		
Name:	SUAREZ HERNANDEZ,LUIS REINEL		
Address:	9010 SW 137 AVE		
	MIAMI, FL 33186		
Effective date, if c (If an effective date) Note: If the date		(OPTIONAL) t be more than five days prior or 90 days after the statutory filing requirements, this date will not be liste	d as
Having been nam	·	r the above stated corporation at the place designated is ad agent and agree to act in this capacity	n this
Luis Reinel Sur	arez Hernandez Mar 9, 2020:	03/09/2020	
	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein are i epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted as provided for in s.817.155, F.S.	l in a
LUIS Reinel Sua	rez Hernandez 45 70701	03/09/2020	
Required Signatur	re/Incorporator	Date	—

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