Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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Account Number : I20170000039

Phone
Fax Number : (407)846-0320

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	Orlando, FZ. City, 8 407.95359. Daytime Te	32807. State & Zip		SECRETARY OF STATE PALLAHASSEE, FLORID.	7 ILED
E-mail address: (to be used for future annual report notification)					

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

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oo Sanj Jando A	CIPAL OFFICE Principal street a	aydress	<u>-</u>	Mailing address	, if different is:	
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Name and Title:	Name and Title:
Address	Address:
·	
·	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Chris K Mercado Santia Address: 600 Sun Juan Blvd Orlando, R. 32507.	
ARTICLE VII INCORPORATOR	
Name: Chris & Mercado Santago Address: 600 San Juan Blvd. Orlando, FL 30807	N U
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot filing.)	(OPTIONAL) t be more than five days prior or 90 days after the
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Having been named as registered agent to accept service of process for certificate. I am familiar with and accept the appointment as registered. Required Signature/Registered Agent	r the above stated corporation at the place designated in this ed agent and agree to act in this capacity Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date 3 9 2070
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CP 575 A

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FORM: SS-4

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