

P200000022684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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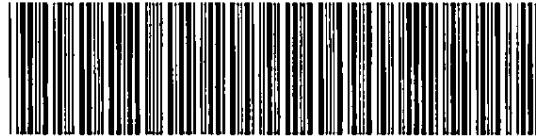
(Business Entity Name)

(Document Number)

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MAR 02 2020

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 MAR -2 PM 2:03

**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: 12 STONES GROUP, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8539 NW 20Ct  
Sunrise FL 33322

Mailing address, if different is:

8539 NW 20Ct  
Sunrise FL 33322

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal Business / Activity Permitted in the  
State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (one hundred)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MANUEL A. PEREYRA- President

Address 8539 NW 20Ct  
Sunrise FL 33322

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

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

Name and Title: MEGGAN J. PEREYRA -V/President

Address 8539 NW 20Ct  
Sunrise FL 33322

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

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

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

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

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

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MANUEL A. PEREYRA

Address: 8539 NW 20Ct

Sunrise FL 33322

**ARTICLE VII INCORPORATOR**

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

Name: MANUEL A. PEREYRA

Address: 8539 NW 20Ct

Sunrise FL 33322

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/18/2020. (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*

[Signature]  
Required Signature/Registered Agent

02/18/2020

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.*

[Signature]  
Required Signature/Incorporator

02/18/2020

Date