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(Requestor	s Name)			
(Address)				
(Address)				
(City/State/	Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business E	entity Name)			
(Document Number)				
Certified Copies C	ertificates of Status			
Special Instructions to Filing Of	ficer:			

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Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Andrea Cruzatty Montano Co.

Requester: Corp Services

COVER LETTER

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

SUBJECT: ANDRE	EA CRUZATTY MONTANO CO		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
23 \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: CO	ORP SVCS INTL	1	
	Name 50 W PALMETTO PARK ROAD. #	e (Printed or typed) 15-300.	
		Address	
во	City,	State & Zip	
56	1 403 9 084		
	Daytime 'I	elephone number	
OP	ERATIONS@CORPSVCSINTL.CO	DM	
-	E-mail address: (to be use	d 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)

The name of the corporat	ion shall be: ANDREA CRUZATTY MOI	NTANO CO	,		
ARTICLE II PRINC	TIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:		
5550 GLADES ROA	5550 GLADES ROAD. #300.		7050 W PALMETTO PARK ROAD. #15-300.		
BOCA RATON, FL 3	3431	_6	BOCA RATON FL 33433		
ARTICLE III PURPO The purpose for which the	<u>OSE</u> ne corporation is organized is:				
INTERNATIONAL IN	SURANCE CONSULTING SERVICES	··· ·			
		•			
				<u> </u>	
				7020 HA	
ARTICLE IV SHARI	ES				
The number of shares of	stock is: 1,500			700	
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS				
Name and Title	FRANCO, WALTER J. PRESIDENT	Name ar	nd Title:	6	
Address	19712 DINNER KEY DR.	Address	: <u> </u>		
	BOCA RATON FL 33498	_			

Name and Title:		Name as	nd Title:		
Address		Address	:: <u></u> -		
					
		_			
Name and Title:		Name ai	nd Title:		
Address		Address	i:		
					

Name ar	nd Title:	Name and Title:	
Address	s	Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	CARLA MARCELO		
Address:	7050 W PALMETTO PARK ROAD. #15-30	<u>0.</u>	
	BOCA RATON FL 33433		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	PATRICIO FRIAS	-	
Address:	7050 W PALMETTO PARK ROAD. #15	300.	
	BOCA RATON FL 33433	_ _	
Effective date, if	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and can	OPTIONAL (OPTIONAL not be more than five days p) rior or 90 days after the
	e inserted in this block does not meet the applicab effective date on the Department of State's record		s, this date will not be listed as
Having been nan certificate, I am j	ned as registered agent to accept service of process familiar with and accept the appointment as regist	for the above stated corporati ered agent and agree to act in	on at the place designated in this this capacity
- 114	A		MAY 08, 2020
00	Required Signature/Registered Agent		Date
I submit this document to the	cument and affirm that the facts stated herein as Department of State constitutes a third degree felo	re true. I am aware that the f ony as provided for in s.817.15	alse information submitted in a 5, F.S
	00		MAYO 8, 2020
Required Signatu	ire/Incorporator	D	ate

. . . .