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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: Irene Chow Pineda Co.

Requester: Corp. Services

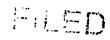
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COVER LETTER

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

SUBJECT: 13	RENE CHOW PINEDA CO				
 ,	(PROPUSED CORPORA	TE NAME – MUST INCL	LDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:		
¥ \$70.0 Filing Fo	0 🗇 \$78.75 cc Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:	CORP SVCS INTL				
Name (Printed or typed) 7050 W PALMETTO PARK ROAD.#15-300.					
	Address BOCA RATON FL 33433				
	City. State & Zip				
_	561 403 9084				
	Daytime Telephone number				
_	OPERATIONS@CORPSVCSING				
-	E-mail address: (to be used	for future annual report in	otification)		

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)

2020 JUL 20 AM 9: 54

TICLE I NAME name of the corporation	on shall be:		CHOIL	PINEDA	CO		ECRETARY	I (26 \ 1.
TICLE II PRINCI							TALLAHA	SSEE, F
	rincipal <u>street</u> OAD.	address			7050	lailing address, i W PALMETT 00.	different is:	RD.
OCA RATON FI						RATON FL		
FICLE III PURPOS purpose for which the	SE.							
INTERNATIONA								
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				<u> </u>				
FICLE IV SHARE, of st	y ock is: 2,00	00						
number of shares of st	OFFICERS A ESPINOZ	<i>(ND/OR DI</i> A, FOR?	<i>RECTOR</i> FUNAT	<u>es</u> A W	ond Tida.			
number of shares of st ICLE V INITIAL Name and Title:	OFFICERS A ESPINOZ	IND/OR DI A, FOR RESIDER	RECTOF FUNAT NT	<u>₹</u> A ₩ Nan				
number of shares of st TICLE V INITIAL Name and Title:	OFFICERS A ESPINOZ	ANDAOR DI A, FOR RESIDER REE LAK	RECTOP FUNAT NT ES CI	A W Nan	ress:			
number of shares of st ICLE V INITIAL Name and Title:	OFFICERS A ESPINOZ P 9907 THE	ANDAOR DI A, FOR RESIDER REE LAK	RECTOP FUNAT NT ES CI	A W Nan	ress: _			
number of shares of st ICLE V INITIAL Name and Title:	OFFICERS A ESPINOZ 9907 THE	A, FOR RESIDEN REE LAK	RECTOR FUNAT NT ES CI 3342	ES A W Nan ERCLE Add	ress:			
Name and Title: Address	OFFICERS A ESPINOZ 9907 THE	A, FOR RESIDEN REE LAK	RECTOR TUNAT NT ES C1 3342	ES A W Nan ERCLE Add	ress:			
Name and Title: Name and Title: Address	OFFICERS A ESPINOZ 9907 THE	A, FOR RESIDEN REE LAK	RECTOR TUNAT NT ES C1 3342	25 A W Nan CRCLE -Add 8	ress:			
Name and Title: Name and Title: Address	OFFICERS A ESPINOZ 9907 THE BOCA RA	A, FOR RESIDEN REE LAK	RECTOR FUNAT NT ES CI 3342	25 A W Nan (RCLE Add) 8 Nan Add	ress:			
Address	OFFICERS A ESPINOZ 9907 THE BOCA RA	A, FOR RESIDEN REE LAK	RECTOR TUNAT NT ES CI 3342	25 A W Nan CRCLE -Add 8 Nan Add	ress:			
Name and Title: Address Name and Title: Address	OFFICERS A ESPINOZ 9907 THE BOCA RA	A, FOR RESIDER REE LAK	RECTOR FUNAT ST ES CI 3342	25 A W Nan Nan Nan Nan Nan Nan	ress: ac and Title: ress: - e and Title:			

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Name and Title:		Name and Title:		
Address		Address:		_
				-
ARTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable) of CARLA MARCELO	of the registered agent is:		
Name:		_		
Address:	7050 W PALMETTO PARK RD.	#15-300. -	(/)	
	BOCA RATON FL 33433	_	TAL	
ARTICLE VII	NCORPORATOR		RETARY OF ST LLAHASSEE,)
The name and add	Iress of the Incorporator is:		SS	>- X
Name:	PATRICIO FRIAS	_	H ₂	
Address:	7050 W PALMETTO PARK ROA	D. #15-300.	FL	
	BOCA RATON FL 33433		111	
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cannot	(OPTIONAL) He be more than five days price	or or 90 days after the	
Note: If the date is the document's eff	nserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements, t	this date will not be listed a	ıs
Having been name certificate, I am fai	d as registered agent to accept service of process for with and accept the appointment as register	or the above stated corporation sed agent and agree to act in thi	of the place designated in this copacity	pīs
			JULY 19, 2020	
(Required Signature/Registered Agent		Daie	-
I submit this docur document to the De	ment and affirm that the facts stated herein are partment of State constitutes a third degree felong	true. I am aware that the false t us provided for in s.817.155, i	t information submitted in E.S.	a
Desired Of			JULY 19,2020	
Required Signature	псогрогатог	Date		