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(Reg	uestor's Name)	
(Add	ress)	<u></u>
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(City)	/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Name)
(Doc	ument Number)	-
Certified Copies	Certificates o	f Status
Special Instructions to F	iling Officer:	

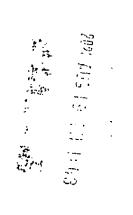
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SECRETARY OF STATE

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AUG (2 C ())

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SAN ANTONIO D	EVELOPMEN	IT, INC.		
	-		-	
			1	
		<u>.</u> ,		Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		Fictitious Owner Search		
				Vehicle Search
	- -			Driving Record
Requested by: Seth				UCC 1 or 3 File
Name		T:		UCC 11 Search
HAIHÇ	Date	Time		UCC 11 Retrieval
Walk-In Ponders Printing - Phomistyne, GA are	Will Pick Up	 -		Courier

COVER LETTER

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

SUBJECT:	an Hntonio Develop (PROPOSED CORPOR)	ment Inc	
	(PROPOSED CORPOR	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
¥ \$70.00 Filing Fee		☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate o
		ADDITIONAL CO	Status OPY REQUIRED
FROM:	17802 St Lucia.	Address	
-	-	State & Zip	
-	(8/3) 7 Daytime T	78 - /840 elephone number	
	E-mail address: (to be used	_	
	E-man address: (to be used	for flature annual report no	ntification)

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)

FILED

TICLE I N. name of the co	AME rooration shall be: 590 Antonia De	evelopment To	
	RINCIPAL OFFICE	PINENT INC	2020 AUG 19 AM 9:
	Principal street address	Mailing	address, if different is CY OF S7
7802 51 6	via Isles De		IMILAHAKETA
_		PO Box 5	• • • • • • • • • • • • • • • • • • • •
Tampa FL		Zephydilli	FZ 33539
purpose for wh	ich the corporation is organized is:	. 1	
Any and	Lall lawful business		
-			
			
			
number of share	s of stock is: 060		
<u>ICLE V INI</u>	s of stock is: O60	h Name and Title	
number of share.	TIAL OFFICERS AND/OR DIRECTORS Fitle: Chadwick Pettinate Preside		
number of share: ICLE V INI Name and 1	s of stock is: 000 TIAL OFFICERS AND/OR DIRECTORS Title: Chadwick Pettinate Preside 17802 St Lucia Isles Dr	n Name and Title:	
number of share: ICLE V INI Name and 1	TIAL OFFICERS AND/OR DIRECTORS Fitle: Chadwick Pettinate Preside		
number of share: ICLE V INI Name and 1 Address	TIAL OFFICERS AND/OR DIRECTORS Fitle: Chadwick Pettinate Preside 17802 St Lucia Isles Dr Tampa FL 33647	Address:	
number of share: ICLE V INI Name and 1 Address	TIAL OFFICERS AND/OR DIRECTORS Fitle: Chadwick Pettinate Preside 17802 St Lucia Isles Dr Tampa FL 33647	Address:	
number of share: ICLE V INI Name and 1 Address	TIAL OFFICERS AND/OR DIRECTORS Fitle: Chadwick Pettinato Preside 17802 St Lucia Isles Dr Tampa FL 33647 tle: Suzanne Pettinato VP	Address: Name and Title:	
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: Chadwick Pettinate Preside 17802 St Lucia Isles Dr Tampa, FL 33647 tle: Suzanne Pettinate VP 17802 St Lucia Isles Dr	Address: Name and Title:	
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Fitle: Chadwick Pettinato Preside 17802 St Lucia Isles Dr Tampa FL 33647 tle: Suzanne Pettinato VP	Address: Name and Title:	
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: Chadwick Pettinate Preside 17802 St Lucia Isles Dr Tampa, FL 33647 tle: Suzanne Pettinate VP 17802 St Lucia Isles Dr	Address: Name and Title:	
Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Title: Chadwick Pettinate Preside 17802 St Lucia Isles Dr Tampa, FL 33647 Illo: Suzanne Pettinate VP 17802 St Lucia Islos Dr Tampa, FL 33647	Address: Name and Title: Address:	
Name and Ti Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Title: Chadwick Pettinate Preside 17802 St Lucia Isles Dr Tampa, FL 33647 Illo: Suzanne Pettinate VP 17802 St Lucia Islos Dr Tampa, FL 33647	Address: Name and Title: Address:	
Name and Ti Address Address	TIAL OFFICERS AND/OR DIRECTORS Title: Chadwick Pettinate Preside 17802 St Lucia Isles Dr Tampa, FL 33647 tle: Suzanne Pettinate VP 17802 St Lucia Isles Dr	Address: Name and Title: Address: Name and Title:	

Name and	Fitle:	Name and Title:	
Address			
ARTICLE VI R The name and Flo	EGISTERED AGENT rida street address (P.O. Box NOT acceptable)	Of the registery frame is:	· S 2
Name:	Chadwick Pettinatu	or the registered agent is:	ECF TAI
Address:	17802 Staveia Isles Dr		LLA. (ET)
	Tampa FL 33647	-	2020 AUG 19 AM 9: 40 SECRETARY OF STATE TALLAHASSEE, FL
ARTICLE VII 18	NCORPORATOR		19:1 19:1
The name and add	ress of the Incorporator is:		TTE TO
Name:	Chadwick Pettinato		
Address:	Chadwick Pettinato 17802 St Lucia Isles Ar	_	
	Tampa FL 33647	- -	
ARTICLE VIII E Effective date, if oth (If an effective date filing.)	FFECTIVE DATE: 18/18/20 her than the date of filing: 8/18/20 e is listed, the date must be specific and cann	(OPTIONAL) of be more than five days prior	or 90 days after the
Note: If the date in:	serted in this block does not meet the applicable ctive date on the Department of State's records.		
Having been named certificate, I am fam	as registered agant to accept service of process f iliar with und accept the appointment as register	or the above stated corporation at red agent and agree to act in this c	the place designated in this apacity
			8/18/20
	Required Signature/Registered Agent	-	Date
submit this docum document to the Dep	on and affirm that the facts stated herein are ariment of State constitutes a third degree felon	true. I am aware that the false in y as provided for in s.817.155, F.S	nformation submitted in a
			8/18/20
Required Signature/	ncorporator	Date	