8/20/2020

--- Division of Corporations

Electronic Filing Cover Sheet

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To:			ÁUG
	Division of Corporations	(A)	; 20
	Fax Number : (859)617-6381	92.0	0
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From:		••	P
	Account Name : EXPRESS CORPORATE FILING SER	RVICE INC.	بب
	Account Number : I20000000146	•	5
	Phone : (305)444-4994 Fax Number : (305)444-4977		œ
	Fax Number : (305)444-4977		
⊧Enter an	the email address for this business entity to bound report mailings. Enter only one email addr	be used for furess please.**	iture
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Electronic Filing Menu

Corporate Filing Menu

Help

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

TICLE IL PRIN	CIPAL OFFICE		
TICLE II PRIN	Principal street address	Mailing addre	ess, if different is:
9607 SW 162 AV	/E		
OMESTEAD, FL	33033		
TICLE III PURI	OSE the corporation is organized is: ANY A	ND ALL LAWFUL BUSINESS	
propose for writer	are corporation is organized is.		,
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			20 **
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			- i -
TICLE IV SHAI	400		[
number of shares o	f stock is: 100		- o n
TICLE V INITI	AL OFFICERS: AND/OR DIRECTORS		&
Name and Tit	le: ELSY ALMENDAREZ (P)	Name and Title:	
Address	29607 SW 162 AVE	Address:	
	HOMESTEAD, FL 33033		
	t:		
Address		Address:	

Name and Title	÷:	Name and Title:	
4.1.1		Address:	
Address			

Name and	Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address;
	,	
	EGISTERED AGENT rida street address (P.O. Box NOT accepta	ole) of the registered agent is:
Name:	ADA I. CRUZ	
Address:	13118 SW 215 TER	
	MIAMI, FL 33177	
40mm r 144	NIZZA D DZA D A TIZA D	
	NCORPORATOR tress of the Incorporator is:	
Name:	ELSY ALMENDAREZ	
Address:	29607 SW 162 AVE	
Addiess.	HOMESTEAD, FL 33033	
ARTICLE VIII Effective date, if o	EFFECTISE DATE: ther than the date of filing:	(OPTIONAL)
		cannot be more than five days prior or 90 days after the
	nserted in this block does not meet the applicative date on the Department of State's re-	icable statutory filing requirements, this date will not be liste cords.
certificate I am fo	miliar with and accept the appointment as re	cess for the above stated corporation at the place designated i gistered agent and agree to act in this capacity
/s/ Add	Required Signature/Registered Ages	8/19/200
I submit this docu		n are true. I am aware that the false information submitted
	Almendarez encorporator	8/19/20
1 1 2		Date