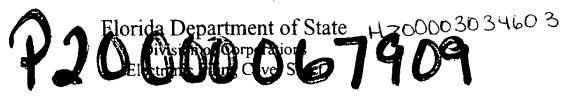
9/1/2020

Division of Corporations



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(((H20000303460 3)))



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Division of Corporations

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From:

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: (954)573-1480 Fax Number

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## FLORIDA PROFIT/NON PROFIT CORPORATION POCKETRIOT INC

Certificate of Status	i
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**COVER LETTER** 

Hz00003034603

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

SUBJECT: POCI	KETRIOT INC (PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	DE SUFFIX)		
Enclosed are an or.	iginal and one (1) copy of the artic	les of incorporation and	a check for:	<del>-</del> 1	
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED		
FROM: <u>F</u>	FEDERICO GAUTIER Name	(Printed or typed)			
<u>7</u>	081 NW 16TH ST APT B216 A	ddress			
<u> </u>	PLANTATION FL 33313 City, S	State & Zip		2020 SEP -1	
(754) 214-2133  Daytime Telephone number		三 二			
<u>F</u>	REDDIE@POCKETRIOT.COI E-mail address: (to be used	М	otification)	PH 4: 30	. الخار المستسدد

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION H200003034603 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	Eration shall be: POCKETRIOT INC		
	VCIPAL OFFICE Principal street address	Mailing	address, if different is:
NW 16TH ST APT R2	16	<del></del>	
177110711 2 00010			
TICLE III PUR.	POSE h the corporation is organized is: SMALL SI	ELLER	
- parpote to the same			
RTICLE IV SHA	(RES 100		
ne number of shares	of stock is:		
DTICLE V IND	TIAL APPREEDS ANDMO DIDECTARS		
	<u>rial officers and/or directors</u> <sub>ide:</sub> Federico Gautier Presid	ENT	
Name and T		Name and Title:	
Address	7081 NW 16TH ST APT B216	_ Address:	
	PLANTATION FL 33313		
		•	
Name and Ti	ile: TATYANA GAUTIER (VP)	Name and Title:	
Address	7081 NW 16TH ST APT B216	Address:	
7 (00) (33	PLANTATION FL 33313		: . 5
	. 5347711011111 00010		
			<u> </u>
			田公 二
Name and T	itle:	Name and Title:	4: 30 E, FL
Address		Address:	, iE 0
		<del></del>	

320 10:40	Fåx	19545731480	p
		H200003034603	
Name an	nd Title:	Name and Title:	
Address			
Addies			
			-
			•
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT accept	which of the registered agent is:	
	FEDERICO GAUTIER	aver of the registered agent is.	
Name:			
Address:	7081 NW 16TH ST APT B216		
	PLANTATION FL 33313	<del></del>	
. notes num	***************************************		
	<u>INCORPORATOR</u>		
The name and a	address of the Incorporator is:		
Name:	FEDERICO GAUTIER		
Address:	7081 NW 16TH ST APT B2	16	
	PLANTATION FL 33313	·	
ARTICI.E VIII	EFFECTIVE DATE:	(ORTIONAL)	
Effective date, i (If an effective filing.)	if other than the date of filing:  date is listed, the date must be specific an	. (OPTIONAL) d cannot be more than five days prior or 90 days after the	
Note: If the da	ate inserted in this block does not meet the aps effective date on the Department of State's	plicable statutory filing requirements, this date will not be listed records.	as
Having been no certificate, I on	amed as registered agent to accept service of p	rocess for the above stated corporation at the place designated in registered agent and agree to act in this capacity	this
	g all	04/01/3030	_
	Required Signature/Registered Ag		
I submit this d document to th	locument and affirm that the facts stated ho we Department of State constitutes a third deg	rein are true. I am aware that the false information submitted ree felony as provided for in x.817.155, F.S.  Date  Date	ies a
	actu	09/01/030	_
Required Signa	ature/Incorporator	Date 202	
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