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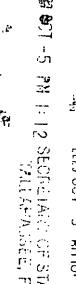
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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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: Alcides

Requester: Corp. Services

COVER LETTER

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

SUBJECT: A	LCIDES BOTTINO CO				
<u> </u>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	a check for:		
% \$70.00 Filing Fe		□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO			
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 T	elephone number			
	OPERATIONS@CORPSVCSING	TL.COM			
-	E-mail address: (to be used	for future annual report n	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)

The name of the corporat	ion shall be: ALCIDES BOTTINO	со		
ARTICLE II PRINC 5550 GLADES 1 SUITE 300.	Mailing address, if different is: 7050 W PALMETTO PARK RD. #15-300.			
BOCA RATON F	L 33431	BOCA	RATON F	L 33433
ARTICLE III PURPO The purpose for which the	ISE ne corporation is organized is:			
INTERNATIONA	AL COMMERCIAL INSURANCE	SERVICES	& CONSUL	TING
				282 382
				<u> </u>
ARTICLE IV SHARE The number of shares of s	SS stock is: 2,000			STATE E. FL
	LOFFICERS AND/OR DIRECTORS MOYA ZAMBRANO,	Nowa and Tisk		
	KEVIN A / PRESIDENT 18761 GARBO TERRACE.	Name and Title: Address:		
	BOCA RATON FL 33496	_	** * * * * * * * * * * * * * * * * * *	
	·	_		
Name and Title:		Name and Title:		
Address		Address:		
		-		
Name and Title:		Name and Title:		
Address		Address:		
		-		
		_		

Name a	ind Title:	_ Name and Title:		
Addre		Address:		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	of the registered agent is:		
Name:	CARLA MARCELO	_	s 2	
Address:	7050 W PALMETTO PARK RD.	#15-300.	PORT TALLA	۲,
	BOCA RATON FL 33433		17. 17.	- •
ARTICLE VII	INCORPORATOR		20 OCT -5 MID: C ECRETAL COF STALLANASSEE, F	
The <u>name and a</u>	address of the Incorporator is:		9 31 STAIL FL	للحبير
Name:	PATRICIO FRIAS	_		
Address:	7050 W PALMETTO PARK ROA	AD. #15-300.		
	BOCA RATON FL 33433	_		
Effective date, i (If an effective filing.) Note: If the dat	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cann the inserted in this block does not meet the applicable effective date on the Department of State's records	ot be more than five days prior or 9 e statutory filing requirements, this day	·	
llaving been na certificate, I am	med as registered agent to accept service of process j familiar with and accept the appointment as registe	for the above stated corporation at the p red agent and agree to act in this capa	place designated in this city	
		oc	TOBER 4, 2020	
	Required Signature/Registered Agent		Date	
i submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false infor ny as provided for in s.817.155, F.S.	mation submitted in a	
		oc	TOBER 4,2020	
Required Signat	ure/Incorporator	Date	· · · · · · · · · · · · · · · · · · ·	