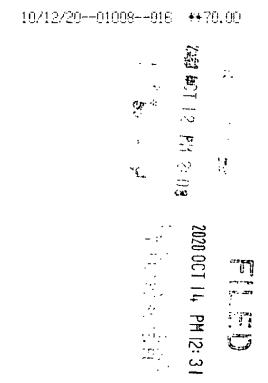
## P200000 80188

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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C RICO OCT 14 2020

## CAPITAL CONNECTION, INC.

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

<del></del>				
GIOVANNA BOLIV	AR P.A.			
	<del></del>			
-				
	<del></del>			
			<del></del>	Art of Inc. File
			<del></del>	LTD Partnership File
				Foreign Corp. File
				L.C. File
			<del></del>	Fictitious Name File
				Trade/Service Mark
				Merger File
		,		Art, of Amend, File
				RA Resignation
			<u></u>	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
•			<del></del>	Vehicle Search
				Driving Record
Requested by: SETH	10/12/20		<del></del>	UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
, constant	Date	111110		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

## **COVER LETTER**

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

SUBJECT:	Gio Vanna B	olivar P. A. TENAME-MUSTINCL			
Englosed are an orig	(PROPOSED CORPORA ginal and one (1) copy of the art				
Eliciosed are all Orig	ginal and one (1) copy of the art	icles of incorporation and	a check toj.		
区 \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate o Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	7750	. Rui 2 (Printed or typed) S ن 117 Ave ن	£. 2010		
	Miam. City,	Florida 3318 State & Zip	3		
		S95 2407 Telephone number			
	mariag	ciros 9 Chalma	il con		
-	E-mail address: (to be used for future annual report notification)				

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)

TODE I	TIPAL OFFICE	Mailing	address, if different is:
	Principal street address	_	
771 N.W. 71 Diami, Florida	1 Street Apt 521 33126	<u></u>	/nd.
TCLE III PURPO purpose for which t	OSE he corporation is organized is: アセエノー	estate Commis	
			2020 OCT 14
TICLE IV SHAR	ES		000
number of shares of	stock is: 100 @ /1.00 dm		-
TICLE V INITI	AL OFFICERS AND/OR DIRECTORS		· P · .
	e: Gibvanno Bolivar Presidit	Name and Title	4 PM 12: 31
	•		<u> </u>
Address	7771 N. W. 712 Street Apri 521		<u></u> .
	Miami Florida 33(26		
Name and Title	:	Name and Title:	
Address			
Address			
Name and Title		Name and Title:	
Name and Title			

Name and Titl	le:	Name and Title:		
Address		Address:	<u> </u>	
		-		
ARTICLE VI REG	ISTERED AGENT a street address (P.O. Box NOT acceptable) o	f the registered agent is:		
	Giovanna Bolivar			
	7771 N.W. 7 d. Apt 521			
_	Mismi Flor. L. 33126	_		
ADDICATE UIL INC	CORROR ATOR			
<u>ARTICLE VII INC</u>	<u>ORPORATOR</u>			
The name and addres	ss of the Incorporator is:			
	Giovanna Bolivar			
Address:	7771 N.W. 75t. Apl 531	<del></del>		
	Miami Flor. J. 33/26	_		
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	FECTIVE DATE:  or than the date of filing:  is listed, the date must be specific and cannot	2020 (OPTION oot be more than five da	NAL) iys prior or	90 days after the
Note: If the date inset the document's effect	erted in this block does not meet the applicable tive date on the Department of State's records	e statutory filing require i.	ments, this d	ate will not be listed as
Having been named of certificate, I am fami	us registered agent to accept service of process liar with and accept the appointment as regist	for the above stated corpered agent and agree to a	oration at the ct in this cap	e place designated in this acity
N/5 /5)	Don't			10/8/2020
7	Required Signature/Registered Agent			Date
I submit this docume	ent and affirm that the facts stated herein an artment of State constitutes a third degree felo	e true. I am aware that	the false infi 17,155, F.S.	formation submitted in a
aucument to the Dept	Printers of state Constitutes a mad acgree feet	y pro y ura-	•	10/0/2-20
Required Stanguard	neorporitor		Date	(0)8/2020
Required Signature/	ncorporator			

. . .