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(1	Requestor's Name)	
(.	Address)	
(.	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

Office Use Only

J. FASON NOV 02 2020



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October 13, 2020

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

Re: Bicet & T Corp

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Tatiana Barreras

MELISSA QUIROS
Notary Public - State of Florida
Commission # GG 935917
My Comm. Expires Dec 1, 2023
Bonded through National Notary Assn.

COVER LETTER

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

SUBJECT:	Bicet & T Serv (PROPOSED CORPORA	rice Cert	
	(PROPOSED CORPORA	TE NAME - MUST INCL	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
ॼ \$70.00	□ \$78.75	☐ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
C	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
		- Abbilional Co	
FROM:	Maria E.	Ru, 2 e (Printed or typed)	
	Nam	e (Printed or typed)	
	nns.		
	1,120	5. W. 117 Am Su Address	t. 2010
		Addicas	
	Mis	Floride 3318	· 3
	City	State & Zip	
	·	•	
	30	S - 595 - 2407 Telephone number	
	Daytime 1	Telephone number	
	Maria	Quins 90 hatin	معالم التعا
	F-mail address: (to be use	quivas 9 e het n	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)

ARTICLE I NAME The name of the corporati	on shall be: Bicct & T Ser	nee Corp			
ARTICLE II PRINCI			Mailing address, if	different is:	
9455 West f	laste +314C	าาร	0 5 W. 117	Ave Sud 201	ø
	.de 3317+	Mia	m. Florila	33183	
ARTICLE III PURPO. The purpose for which th	SE c corporation is organized is: Dny	and all le	zal \$urp	مدم	
ARTICLE V INITIAL	tock is: 100 C + 1 ar cc. LOFFICERS AND/OR DIRECTORS Tatiana C Barreras Pres.	Name and Title:		· · · · · · · · · · · · · · · · · · ·	
	9455 Nest Flagles +3146 Miami Florida 33174				_ -
	,	Name and Title: Address:		≥ .	-
Name and Title:	····	_ Name and Title:			
Address		_ Address:	<u> </u>		
		_			

Name and T	itle:	Name and Title:	
Address		_ Address:	
ADTICLE VI DE	GISTERED AGENT		
	ida street address (P.O. Box NOT acceptable) o		
Name:	Tationa C. Barreras	_	
Address:	9455 West Augler#214C	_	
_	Tationa C Barreras 9455 West Flagler #2140 Miami Florida 33/74	_	
			2020
<u>ARTICLE VII IN</u>	CORPORATOR		2020 OCT
The name and addr	ess of the Incorporator is:		20
Name:	Tationa C. Barreras	_	P 9'0 8
Address:	9455 West Flagler #214 Mixmi Florida 33174	<u>.</u>	PH :: 0
	Miami Florida 33/74	_	. 18 8
Effective date, if oth (If an effective date filing.) Note: If the date in	rer than the date of filing: e is listed, the date must be specific and cannot serted in this block does not meet the applicable ctive date on the Department of State's records.	ot be more than five days	prior or 90 days after the
Having been named	as registered agent to accept service of process filiar with and accept the appointment as registe	for the above stated corporal red agent and agree to act it	tion at the place designated to this capacity
certificate, I am fam			in = 14 3. 2
certificate, I am fam			10 17-402
~ Ollo	Required Signature/Registered Agent		
I submit this docum	Required Signature/Registered Agent nent and affirm that the facts stated herein are partment of State constitutes a third degree felon	true. I am aware that the	