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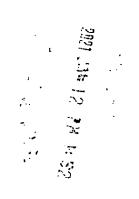
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
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2021 JAN 12 MH NO 19
SIGNET NO OF STATE
TALL MAKENEE, FL

CAPITAL CONNECTION, INC.

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

			-
MERICAN SUISS	SE MAR PER	U CORP	
	 		
	· 		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Рһою Сору
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
ignature			Fictitious Owner Search
ignature			Vehicle Search
			Driving Record
equested by:			UCC 1 or 3 File
	Data	Time	UCC 11 Search
ame	Date	Time	UCC 11 Retrieval
'alk-In	Will Pick L	Jp	Courier

COVER LETTER

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

SUBJECT:	American Suisse M (PROPOSED CORPORA	ar Peru Corpora	hon
	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
⊋∕\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		Ruiz (Printed or typed) J. 117 Ave Sinte	203
	Miami Flo City,	Address	
			
	365 S45- Daytime T	elephone number	····
	E-mail address: (to be used	9 C holmail com	otification)
	E-mail address: (to be used	d 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 corpora	tion shall be: American Sui	sse Mar Po	cu Corporation
ARTICLE II PRIN			Mailing address, if different is:
10012 NW	7 street Apt 102	7750	S w 117 Ave Suit 203
Miami Flor	-, Ja 33/72	m,a	m. Florida 33183
ARTICLE III PURP. The purpose for which	OSE the corporation is organized is:		
			SECKE /
			E 6 A
			:
ARTICLE IV SHAR	ES stock is: 100 C + 1, sa e.a.		
	LOFFICERS AND/OR DIRECTORS Marco A. Rayes Ibanes for	Name and Title:_	Jairne Iparraguirre Sec
Address	10022 N.W. 7 Street Apt 102	Address:	100 22 N. W. 7 H. St. Apt 1 102
	Mismi Florida 33172	_	Miami, Florida 33172
Name and Title:		Name and Title:	
Address		Address: _	
		_	
Name and Title:		Name and Title:_	
Name and Title:			

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT account)	eptable) of the registered agent is:	2021 JAH 12 SECRE IN A TALLÁI IN
Name: Jaime Iparraquir	<u></u>	JAH LL/A
Address: 10022 N W. 751 A.		57 8
Miami Florida 331		MAIN 20 DISTAT
ARTICLE VII INCORPORATOR		15 PATE 15 PAT
The name and address of the Incorporator is:		[7]
Name: Jaime Iparraguir	<u>~</u>	
Address: 10022 N. W. 7 St. Ap		
Miami Florid; 33,	72	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 1/13 (If an effective date is listed, the date must be specific a filing.)	/2021 (OPTIONAL) nd cannot be more than five days prior or 90 (Jays after the
Note: If the date inserted in this block does not meet the a the document's effective date on the Department of State's	pplicable statutory filing requirements, this date records.	will not be listed as
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment a	process for the above stated corporation at the pla is registered agent and agree to act in this capacit	ice designated in this v
Jan Ding	1/	12/2021
Required Signature/Registered A	gent	Date
I submit this document and affirm that the facts stated he documented the Department of State constitutes a third deg	erein are true. I am aware that the false informaree felony as provided for in s.817.155, F.S.	ation submitted in a
Required-Signature/Incorporator		12/2021
wedning-original to the state of the state o	Date	,