

(Requestor's Name)				
(Address)				
(Address)				
(Citý/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Pling Oncer.				
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01/15/21--010/01-016 ++7..00



Office Use Only

## **COVER LETTER**

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

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Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

⊠ \$70.00 Filing Fee

\$78.75
Filing Fee
& Certificate of Status

□ \$78.75	□ \$87.50
Filing Fee	Filing Fee.
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CC	PY REQUIRED

Daytime Telephone number

RODRIGUEZMARI21@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

<u>ARTICLE I NAME</u> The name of the corpora		A, INC.		
<u>ARTICLE II PRIN</u>	CIPAL OFFICE Principal <u>street</u> address ), Miami, Fl 33137		Mailing address, if different is: 25th ST, # 910, Miami, FL33137	
<u>ARTICLE III PURP</u> The purpose for which	OSE the corporation is organized is: <u>TOALLA</u>	ND ANY LAWF	UL BUSINESS	- -
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<u>ARTICLE IV</u> SHAR The number of shares of			AH IO:	;  ליבייי
				للمتحسة ترة
	<u>AL OFFICERS AND/OR DIRECTORS</u> e: MARIELA V. RODRIGUEZ - Director	Nimero and Thiste	SIOLY F. RODRIGUEZ - Director	
Address	250 NE 25th ST. # 910, Miami, F1 33137	_ Address:	250 NE 25th ST. # 910, Miami, FI 3313	7
		-		
Name and Title	: <u></u>	_ Name and Title		
realice and The				
Address				
Address		-		
Address		- Name and Title		

## ARTICLES OF INCORPORATION

Name ar	nd Title:	Name and Title:
Address	s	Address:
	<u>REGISTERED AGENT</u> Iorida <u>street address</u> (P.O. Box NOT acceptable)	of the registered agent is:
THE GAME AND I	(* : : : : : : : : : : : : : : : : : :	
Name:	SIOLY F RODRIGUEZ	

## ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

SIOLY F RODRIGUEZ Name:

Address:

250 NE 25th ST. # 910, Miami, FI 33137

ARTICLE VIII EFFECTIVE DATE:

\_\_\_\_\_. (OPTIONAL) Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent 01/14/2021 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_

Required Signature/Incorporator

01/14/2021

Date