

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000043215⁻³)))



H210000432153ABCS

			
To:			<i>(</i>
	Division of Cor		
	Fax Number	: (85 0)617-6381	***
From:			<i>:</i> ; `
	Account Name	: LAMADRID FINANCIAL SERVICES CORP	>-
	Account Number		
	Phone	: (954)727-9771	
	Fax Number	: (954)727-9773	

FLORIDA PROFIT/NON PROFIT CORPORATION D BALDUCCI CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
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Help

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COVER LETTER

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

SUBJECT: D BAL	DUCCI CORP		
	(PROPOSED CORPORA	<u>TE NAME – MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the arti	icles of incorporation and	a check for:
57 0.00	☑ \$78.7 5	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	DAA KEGOIKED
			
	N/ID MUUS ED		
FROM: U	AVID MULLER Name	e (Printed or typed)	
5 8	RIVERSIDE DRIVE		
		Address	
<u>JL</u>	IPITER, FL 33469	State & Zip	
	City,	, state & Zip	
23	1-342-1647		
		Telephone number	
4			
<u>an</u>	nue414@yahoo.com E-mail address: (to be use	d for future annual report	notification)
	E-man address. (10 oc ase		

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

H210000437153

(FAX TRANSMISSION) To: 18506176381 From: 19547279773 Pages: 4

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
E RIVERSIDE DRIVE JPITER, FL 33469		JUPITER, FL 33469	
		<u> </u>	
RTICLE III PUI	RPOSE ANY A	ND ALL LAWFUL BUSH	NESS
he purpose for which	RPOSE th the corporation is organized is: ANY A	110 / LE 15 (11) OE 000 (1	
			<u> </u>
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(FAX TRANSMISTON) 70185041753815 rom: 19547279773 Pages: 4

Name a	nd Title:	Name and Title:		
Addres	s	Address:	Address:	
ARTICLE VI	<u>REGISTERED AGENT</u> Forida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	LAMADRID FINANCIAL SERVICE			
Address:	1265 S PINE ISLAND RD		,	
	PLANTATION, FL 33324		21 FEB	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>			
The name and	address of the Incorporator is:			
Name:	DAVID MULLER		; · · · · · · · · · · · · · · · · · · ·	
Address:	5 E RIVERSIDE DRIVE		<u></u>	
	JUPITER, FL 33469			
DOC- sales date	I EFFECTIVE DATE: if other than the date of filing: 02/01/202 date is listed, the date must be specific an	1 (OPTIONAL) d cannot be more than five days pr	ior or 90 days after the	
Note: If the da	ate inserted in this block does not meet the ap s effective date on the Department of State's	plicable statutory filing requirements records.	, this date will not be listed as	
Having been no certificate, I an	amed as registered agent to accept service of p n familiar with and accept the appointment a	process for the above stated corporations registered agent and agree to act in t	n at the place designated in this his capacity	
ALEXIS LAMADRID			02/01/2021	
	Required Signature/Registered A		Date	
I submit this a document to th	locument and affirm that the facts stated he te Department of State constitutes a third deg	rein are true. I am aware that the fa ree felony as provided for in s.817.155	ilse information submitted in t , F.S.	
DAVID MU	JLLER		02/01/2021	
	ature/Incorporator	Da	te	