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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Fax Number : (850)617-6381

From:

Account Name : S&S ACCOUNTING SERVICES, INC.

Account Number : I20190000091 Phone : (786)212-0491 Fax Number : (305)454-6657

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Help

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

OTICLE II DOIN	CIDAL OFFICE				
ARTICLE II PRING 2416 THOMAS CT LOXAHATCHEE,	Principal street address		Mailing address, if d	ifferent is:	
	FI. 334/U		·		
ARTICLE III PURP		ND ALL LAWF	UL BUSINESS	-5 F	• •
ne purpose for winer	are corporation is organized is.			: <u>:</u>	
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The number of shares of	stock is: 100 AL OFFICERS AND/OR DIRECTORS				
The number of shares of	stock is: 100 AL OFFICERS AND/OR DIRECTORS e: DARYAN RIZI GARCIA, P		:		
The number of shares of	stock is: 100 AL OFFICERS AND/OR DIRECTORS		:		
The number of shares of IRTICLE V INITIAN Name and Title	stock is: 100 AL OFFICERS AND/OR DIRECTORS e: DARYAN RIZI GARCIA, P				
The number of shares of IRTICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS E: DARYAN RIZI GARCIA, P 2416 THOMAS CT LOXAHATCHEE, FL 33470	Address: 			
The number of shares of IRTICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS e: DARYAN RIZI GARCIA, P 2416 THOMAS CT	Address: 			
The number of shares of IRTICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS E: DARYAN RIZI GARCIA, P 2416 THOMAS CT LOXAHATCHEE, FL 33470	Address: Name and Title			
The number of shares of IRTICLE V INITIA Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTORS E: DARYAN RIZI GARCIA, P 2416 THOMAS CT LOXAHATCHEE, FL 33470	Address: Name and Title	:		
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS E: DARYAN RIZI GARCIA, P 2416 THOMAS CT LOXAHATCHEE, FL 33470	Address: Name and Title Address:			
Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTORS E: DARYAN RIZI GARCIA, P 2416 THOMAS CT LOXAHATCHEE, FL 33470	Address: Name and Title Address: Name and Title			
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS E: DARYAN RIZI GARCIA, P 2416 THOMAS CT LOXAHATCHEE, FL 33470	Address: Name and Title Address: Name and Title			

Name and Title:		Name and Title:	
Address		_ Address:	
ARTICLE VI I	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	DARYAN RIZI GARCIA		
Address:	2416 THOMAS CT		
	LOXAHATCHEE, FL 33470		
ARTICLE VII 1	NCORPORATOR		
The name and add	dress of the Incorporator is:		
Name:	S&S ACCOUNTING SERVICES, INC	:	
Address:	3383 NW 7 ST STE 304		
	MIAMI, FL 33125		
Effective date, if o (If an effective da filing.) Note: If the date in	nserted in this block does not meet the applicable s	. (OPTIONAL) be more than five days prior or 90 days after the tatutory filing requirements, this date will not be listed as	
the document's eff	ective date on the Department of State's records.	,	
Having been names certificate, I am fan	d as registered agent to accept service of process for nillar with and accept the appointment as registered	the above stated corporation at the place designated in this d agent and agree to act in this capacity	
I submit this document to the De	Required Signature/Registered Agent ment and affirm that the facts stated herein are tra- partment of State constitutes a third degree felony a		
Required Signature	Incorporate	Date 01/05/2021	