P21000010749

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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Office Use Only



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CAPITAL CONNECTION, INC.,

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

Pronto Coral Springs 1	B Corp.			
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Requested by: Seth	02/08/21			
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COVER LETTER

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

SUBJECT: PRONTO CORAL SPI	RINGS B CORP.
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	ticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
FROм: Mimi Bared	e (Printed or typed)
201 Alhambra Circle, Su	uite 501
	Address
Coral Gables, FL 33134 City,	State & Zip
305-666-6010 Daytime T	elephone number
mimi@baredlaw.com E-mail address: (to be use	d for future annual report 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 II	corporation shall be:		
ARTICLE II	Principal office Principal street address		
	201 Alhambra Circle, Suite 501	Mailing	address, if different is:
	Coral Gables, FL 33134		
	Colai Gables, Ft. 33 134	-	 _
			
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
Any all all la	wful business.		
ARTICLE IV	SHARES		
The number of sh	ares of stock is:100 Shares at \$1.00 Par Value	3	
	and or stock is not of larges at \$1.001 at Value	5.	
ARTICLE V			
Name and 1	Citle: Danny Cherem Sutton, President N	ame and Title	
Address:	201 Alhambra Circle, Suite 501 A		
	Coral Gables, FL 33134		
Name and 1	itle: Elvira Amkie Achar, Secretary N	ame and Title:	
Address:	ZUL Alnambra Circle Suite 501 A		
	Coral Gables, FL 33134		
Name and T	itle:		
Address:	itle:N		
Addicas.	A	ddress:	
			
ARTICLE VI	REGISTERED AGENT		2021 FEB
The name and Flo	rida street address (P.O. Box NOT acceptable) of the	registered agent is:	2
Name:	Pablo R. Bared, Esq.	ogisteres agent 13.	71
Address:	201 Alhambra Circle, Suite 501		
	Coral Gables, FL 33134		. 4
	,		Φ
ARTICLE VII	INCORPORATOR		.
	Iress of the Incorporator is:		<u> </u>
Name:	Pablo R. Bared, Esq.		محمد 😅 🔾
Address:	201 Alhambra Circle, Suite 501		5
	Coral Gables, FL 33134		St
Having heen vam	nd as manistered around to any ()		
this cortificate I as	ed as registered agent to accept service of process for	the above stated corpo	pration at the place designated in
inis certificate, rui	n familiar will and acceptibe appointment as registere	d agent and agree to a	ct in this capacity
	/		
			February 5, 2021
	Required Signature/Registered Agent		Date
l submit this down			
document to the D	ment and affirm that the facts stated herein are true.	I am aware that the	false information submitted in a
weament to the De	partment of State constitutes a third degree felony as p	rovided for in s.817.15	15, F.S.
	/ \ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		
			February 5, 2021
	Required Signature/Incorporator		Date