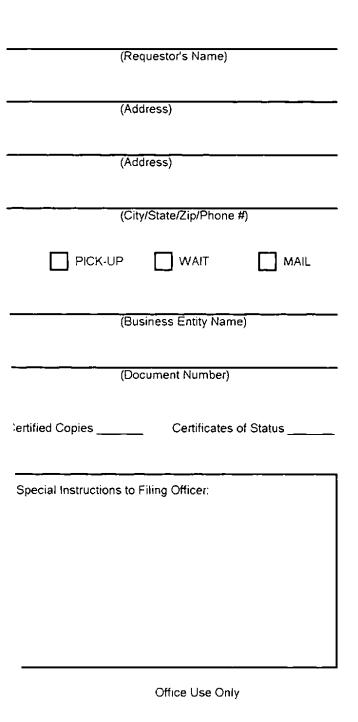
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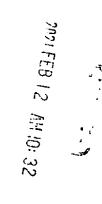




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CAPITAL CONNECTION, INC.

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

Delux Events Inc				
				
				Art of Inc. File
				
		!		LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
			ļ	Merger File
			<u> </u>	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
5				Vehicle Search
	_ _	_		Driving Record
Requested by: Seth	02/12/21			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
	Date	111116		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

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

& Certificate of Status & Certi	rporation and	d a check for:
FROM: MARIA E RUIZ FROM: MARIA E RUIZ Name (Printed or to 17750 SW 117TH AVE SUITE 203 MIAMI FLORIDA 33183	75 Sue	□ \$87.50
Filing Fee & Certificate of Status Filing I & Certificate of Status ADDIT MARIA E RUIZ FROM: Name (Printed or to 17750 SW 1177H AVE SUITE 203 Address MIAMI FLORIDA 33183	ice.	
FROM: MARIA E RUIZ Name (Printed or 1 7750 SW 1177H AVE SUITE 203 Address MIAMI FLORIDA 33183		& Certificate of Status
PROM:Name (Printed or to 17750 SW 117TH AVE SUITE 203AddressNIAMI FLORIDA 33183	IONAL CO	PPY REQUIRED
MIAMI FI.ORIDA 33183	yped)	
		
City, State & Zip		
3055952407		
Daytime Telephone nun	nber	
MARIAQUIROS9@HOTMAIL.COM		
E-mail address: (to be used for future an		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)

<u>ICLE II — PRIN</u>	CIPAL OFFICE			
20 SW 132 COUR	Principal <u>street</u> address	7750 SV	Mailing address, if different is V 117TH AVE SUITE 203	s;
IAMI, FLORIDA 3	3186	MIAMI	FLORIDA 33183	
TICLE III PURI purpose for which	the corporation is organized is: ANY A	ND ALL LEGAL PI	JRPOSE	
				717
TICLE IV SHAR	100			17 17
number of shares of	(ES) 100 (@ 41.00 EA			ν ₂
TICLE V INITL	AL OFFICERS AND/OR DIRECTORS			AH IO:
Name and Titl	c: GENNESSIS SOTO, PR	Name and Title	LUIS A MIRANDA, VP	ω 2
Address	13800 SW 143 STREET UNIT H	Address:	5955 NW 105 COURT APT	
	MIAMI FLORIDA 33186		DORAL, FLORIDA 33178	
Name and Title	:	Name and Title	·	
Address				
Name and Title:				
Address				
	· · · · · · · · · · · · · · · · · · ·			

Name :	and Title:	Name and Title:
Addre	SS	Address:
<u>ARTICLE VI</u>	REGISTERED AGENT	
The name and I	Florida street address (P.O. Box NOT acceptable) of the GENNESSIS SOTO	e registered agent is:
Address:	13800 SW 143 STREET UNIT H	
	MIAM FLORIDA 33186	
ADTICIONA		
	INCORPORATOR	
Name:	ddress of the Incorporator is: GENNESSIS SOTO	
Address:	13800 SW 143 STREET UNIT H	
	MIAMI FLORIDA 33186	
ARTICLE VIII Effective date, if (If an effective o	EFFECTIVE DATE: other than the date of filing: 02/13/2021 late is listed, the date must be specific and cannot be	(OPTIONAL)
filing.)	second the date must be specific and cannot be	more than live days prior or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applicable state ffective date on the Department of State's records.	outory filing requirements, this date will not be listed a
Taving been nan Tertificate, I am f	ned as registered agent to accept service of process for the amiliar with and accept the appointment as registered a	e above stated corporation at the place designated in the gent and agree to act in this capacity
Pinness	· 1-+	
	Required Signature/Registered Agent	Date
submit this doc	ument and affirm that the facts stated herein are true Department of State constitutes a third degree felony as	. I am aware that the false information submitted in provided for in s.817.155, F.S.
- Envises	- 15t.	02/12/2021
equired Signatu	re/Incorporator	Date

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