

P210000 30843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

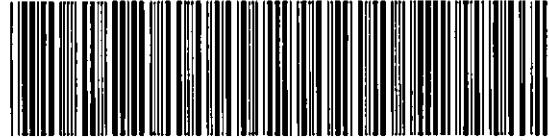
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W210000 41918

Office Use Only



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03/23/21--01032--004 **70.00

21 MAR 29 AM 14 37

2021 APR -6 PM 5:25



Department of State

Division of Corporations

Date: 03/29/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Truchastato Inc.

Requester: Corporate

Order: 13032540

COVER LETTER

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

SUBJECT: Truchastato INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Patricio Frias
Name (Printed or typed)
9907 three lakes circle
Address
Boca Raton, FL, 33498
City, State & Zip
305 677 2151
Daytime Telephone number
admin@achievegea.com
E-mail address: (to be used 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 I NAME

The name of the corporation shall be:

Truchastato Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

9907 three lakes circle

boca raton, florida, 33428

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawfull business

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Campana Alban S

Name and Title: _____

Address 19712 Dinner Key Dr.

Address: _____

Boca Raton, Florida, 33498

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 APR -6 PM 5:25

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____ Patricio Frias

Address: _____ 9907 three lakes circle

_____ Boca Raton, FL, 33498

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____ Patricio Frias

Address: _____ 9907 three lakes circle

_____ Boca Raton, FL, 33498

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

4/5/21

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

4/5/21

Date