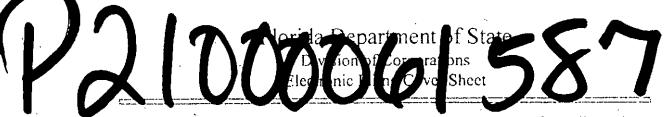
Corporations

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From:

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: (786)469-9163 Phone

Fax Number : (305)948-3716

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## FLORIDA PROFIT/NON PROFIT CORPORATION COTOPAXI BREEZES COOLING INC

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## **COVER LETTER**

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To: 18506176381

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closed are an original and one (1) copy of the arti	icles of incorporation and					
<b>■</b> \$70.00 <b>□</b> \$78.75	\$78.75	\$87.50				
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		<del></del>				
YONNI RODRIGUEZ MARTINEZ		•				
FROM:	·	· · · · · · · · · · · · · · · · · · ·				
Name	(Printed or typed)	••				
10900 SW 104 ST Apt 420						
•	Address .	<u> </u>				
,						
MIAMI, FL 33176	•					
City	City, State & Zip					
Oity,	State to Zip					
(786) 859-6839		· .				
Daytime T	elephone number	٠.				
	•	-				

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

To: 18506176381

## ARTICLES OF INCORPORATION

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

<u> PRINC</u>	TPAL OFFICE		
00 SW 104 ST Apt	Principal <u>street</u> address 420	SAME	Mailing address, if different is:
AMI, FL 33176			
FICLE III PURPO purpose for which t	DSE ANY AND he corporation is organized is:		
	,		
ricle IV SHARI number of shares of	Stock is:		
number of shares of	stock is:  L OFFICERS AND/OR DIRECTORS		Ãc N
number of shares of  TICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS  YONNI RODRIGUEZ MARTINEZ. P	Name and Titl	
number of shares of	L OFFICERS AND/OR DIRECTORS  VONNI RODRIGUEZ MARTINEZ P	,	RE JULI
number of shares of  TICLE V INITIA  Name and Title	LOFFICERS AND/OR DIRECTORS YONNI RODRIGUEZ MARTINEZ. P 10900 SW 104 ST Apt 420	,	ARE JULY - 1
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number of shares of  TICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS YONNI RODRIGUEZ MARTINEZ. P 10900 SW 104 ST Apt 420 MIAMI, FL 33176	Address:	TOUL -1 AN 6: 2
number of shares of  TICLE V INITIA  Name and Title  Address	L OFFICERS AND/OR DIRECTORS YONNI RODRIGUEZ MARTINEZ. P 10900 SW 104 ST Apt 420 MIAMI, FL 33176	Address:	TOUL -1 AN 6: 2
number of shares of  TICLE V INITIA  Name and Title  Address  Name and Title:	L OFFICERS AND/OR DIRECTORS YONNI RODRIGUEZ MARTINEZ. P 10900 SW 104 ST Apt 420 MIAMI, FL 33176	Address: Name and Titl	TOUL -1 AN 6: 2
number of shares of  TICLE V INITIA  Name and Title  Address  Name and Title:	L OFFICERS AND/OR DIRECTORS YONNI RODRIGUEZ MARTINEZ. P 10900 SW 104 ST Apt 420 MIAMI, FL 33176	Address: Name and Titl	TOUL -1 AN 6: 2
Name and Title:  Name and Title:  Address	L OFFICERS AND/OR DIRECTORS YONNI RODRIGUEZ MARTINEZ. P 10900 SW 104 ST Apt 420 MIAMI, FL 33176	Address: Name and Titl Address:	TULL -1 AM 6: 29
Name and Title:  Name and Title:  Address	L OFFICERS AND/OR DIRECTORS YONNI RODRIGUEZ MARTINEZ. P 10900 SW 104 ST Apt 420 MIAMI, FL 33176	Address: Name and Titl Address:	TULL -1 AM 6: 29

## 

From: Erik Gonzalez

Name and	Title:	Name and Title:	·
Address		Address:	
		<u>.                                      </u>	~
, •		<del>-</del>	
	•		
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	YONNI RODRIGUEZ MARTINEZ		
Address:	10900 SW 104 ST Apt 420	<del>-</del>	SE SE
, reducess.	MIAMI, Fl. 33176		
•		<u>.</u>	A
ARTICLE VII - I	NCORPORATOR		
The name and add	Iress of the Incorporator is:	• .	
Name:	YONNI RODRIGUEZ MARTINEZ		6: 2 A
• •	10900 SW 104 ST Apt 420		<b></b>
Address:	MIAMI, FL 33176	-	* .
		<u>.</u> .	•
ARTICI F VIII - 1	EFFECTIVE DATE: 06/30/2021	٠.,	
Effective date, if o	ther than the date of filing:	(OPTIONAL)	
(If an effective da days after the filir	te is listed, the date must be specific and canno	t be more than five busines	is days prior or 90 business
Note: If the date is	nserted in this block does not meet the applicable	statutory filing requirements	this date will not be listed as
	ective date on the Department of State's records.	storatory ming requirements	, this date with not be haved as
		· Complete and a second complete	
	ed as registered agent to accept service of process in familiar with and accept the appointment as reg		
•	1 P		06/30/2021
<del></del>	Required Signature/Registered Agent	<del> </del>	Date
I submit this docu	ment and affirm that the facts stated herein are	true. I am aware that the fo	ulse information submitted in (
	epartment of State constitutes a third degree felon		
	- K		06/30/2021
Require	ed Signature/Incorporator		Date