

P21000062555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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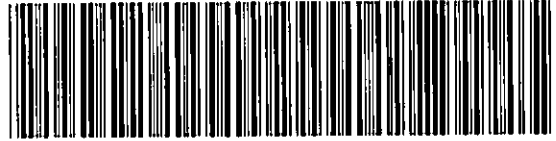
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: LITTLE COTTON INTERNATIONAL CORP
(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)

7050 WEST PALMETTO PARK RD #15-300
Address

BOCA RATON, FL 33433
City, State & Zip

561 451 6330
Daytime Telephone number

OPERATIONS@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: LITTLE COTTON INTERNATIONAL CORP

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
19712 DINNER KEY DRIVE
BOCA RATON, FL 33498

Mailing address, if different is:
7050 WEST PALMETO PARK RD
#15-300
BOCA RATON, FL 33433

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA CAMPANA S Name and Title: _____

Address 19712 DINNER KEY DR Address: _____
BOCA RATON, FL 33498

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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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: 19712 DINNER KEY DR
BOCA RATON, FL, 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATRICIO FRIAS
Address: 19712 DINNER KEY DR.
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

6/28/21
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

6/28/21
Date