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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer.	

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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Corporation Name & Document Number, ((OFFICE USE ONLY)
Stitchkin Development Group, Corp. (Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each page	e)
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
XProfitNot for ProfitLimited LiabilityDomesticationOtherXCORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTIL)Country	Other
	EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: STITCH (I	N Develop TENAME-MUST INCOU	ment broup,	
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and	a check for:	
\$70.00 \(\subseteq \\$78.75\) Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
	Λ		
FROM: Law Office of Valeria Solvarterran Name (Printed or typed)			
12550 Biscoyne Blud. Ste 406			
Miani, El	33181 State & Zip	<u> </u>	
——————————————————————————————————————	P4-0114 elephone number		
E-mail address: (to be used	Schy Law.	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)

ARTICLE I NAME The name of the corporation shall	be: STITCHKI	N DEVOL	<u>opment</u>	<u>6000p</u>	, <i>(</i>
ARTICLE II PRINCIPAL, OI Principal 12580 Biscayno	Street address Stvd. Ste 406	Maili MALI	ng address, if difference of the control of the con	mis W. St	e 40
ARTICLE III PURPOSE The purpose for which the corpor	ration is organized is:	Estate	Invest	munt	-
					-
				SEGRETARIA	- - - - -
ARTICLE V INITIAL OFFICE	CERS AND/OR DIRECTORS			13 AM 10: 32	Ü
Name and Title: Some Address 175	SO BISCAUNE D	Name and Title:			-
	9mi, FL 33181	Vice presi	TINE		
Address 125	50 Biscayne Blu	<u> </u>			
Name and Title:	AM, F) 3318	Name and Title:			
Address		Address:			

Name and Title:	Name and Title:	
Address	Address:	
The name and Florida street address (P.O. Box NOT acceptable)	le) of the registered agent is:	
Name: Law Of tick of Valles	ice Schwortsman, P.A.	
Address: USSO Biscarne Bi	1d. Ste 406	
Misui, FY 331	<u>8)</u>) (4)
A CONTRACTOR OF THE CONTRACTOR	<u> </u>	<u>۔</u> ا
ARTICLE VII INCORPORATOR		7891 JUL 13 AH 10: 32
The <u>name and address</u> of the Incorporator is:		<u>≥</u> _
Name:	Blud Ste 406 FIX	
Address: 1850 Discaryal	TOTAL TOTAL TELEPROPERTY.	32
Miani, FL 33	7 <u>8</u> 1	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cifiling.)	(OPTIONAL) annot be more than five days prior or 90 days after th	ıe
Note: If the date inserted in this block does not meet the applic the document's effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listered.	sted as
Having been named as registered agent to accept service of proc certificate, I am familiar with and accept the appointment as reg	ess for the above stated corporation at the place designate gistered agent and agree to act in this capacity	d in this
S LORD P.	7/13/2	2)
Required Signature/Registered Agent		
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree.	r are true. I am aware that the false information submit felony as provided for in s.817.155, F.S.	tted in a
St OCe M	2/13/2) \
Required Signature/Incorporator	Date	- '