

(Re	equestor's Name)	
(Ac	fdress)	
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(Cir	ty/State/Zip/Phoni	- #)
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☐ PICK-UP	TIAW [MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	o o status
		<u> </u>
Special Instructions to	Filing Officer:	
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2021 SEP 10 PH 3: 53

2021 SEP 10 PM 1

RECEIVED

COVER LETTER

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

SUBJECT: DVER and und	er construction			
(PROPOSED CORPORAT	E NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the artic	tes of incorporation and a check for:			
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75			
ADDITIONAL COLL REQUIRED				
FROM: VERONICA Lucia Ruiz Valentin				
2208 stasons	S \ Address \ .			
Tallahassee City,	F1 3230S State & Zip			
917 - 215 - Daytime T	9735 Telephone number			
VERO ruz O4 E-mail address: (to be use	d for there analy 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)

ne name of the corpora	ution shall be: OVER and	under cons	struction
rticle II <u>Prin</u> 30% Sea	Principal street address	Mailing address,	if different is:
Tallabas	see FI 32305		
RTICLE III PURF	POSE the corporation is organized is:		
· ·	To Make pro	fit out of	
Constru	action		
•			20
			2021 SEP
RTICLE IV SHA			3 - 0
he number of shares o	of stock is:	···	- P
RTICLE V INIT.	IAL OFFICERS AND/OR DIRECTORS		വ ന
Name and Ti		URName and Title:	ω
Address	2208 seasons In	Address:	
	Tallahossee Fl		
	39305		
Name and Tit	le:	Name and Title:	
Address		Address:	
		N 1701	
_	tie:	Name and Title:	
Nume and Ti Address		Address:	

Name and Title:	Mame and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NC	T acceptable) of the registered agent is:	
	cia Ruiz Valentin	
Address: 2208 Season		
Tallahossee ?	T1 35302	
ARTICLE VII INCORPORATOR		20
The name and address of the Incorporator is:		2021 SEP 10
Name: VERONICAL.	KU12_	15 —
Address: 2208 Seaso		
Tallahossee	1	PH 3:
, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		: 53
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	10,0001 (OPTIONAL)	
(If an effective date is listed, the date must be sp filing.)	ecific and cannot be more than five days p	rior or 90 days after the
Note: If the date inserted in this block does not m	eat the applicable stanton, filing requirement	s this date will not be listed as
the document's effective date on the Department of	f State's records.	s, this date will not be fished as
Having been named as registered agent to accept so certificate, I am familiar with and accept the appoi	ervice of process for the above stated corporati intment as registered agent and agree to act in	on at the place designated in this this this
Mariana I Prin		16/01/20
Required Signature/Reg	Hered Agent	Date
I submit this document and affirm that the facts document to the Department of State constitutes a	stated herein are true. I am aware that the j third degree felony as provided for in s.817.1;	false information submitted in a 55, F.S.
Desoneca L. Ru	M	16/01/90
Required Signature/Incorporator	r	Date (