P210000 81799

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer.				

Office Use Only



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ALLAHASSEE, FLECTION

2021 SEP 16 PH 1:

RECEIVED

COVER LETTER

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

SUBJECT: Le Totuan, Inc.

* Klyroun *

≈ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: Jo	ohn Ainsworth, Esq. Nam	e (Printed or typed)	
	ohn Ainsworth, Esq. Nam 1 BRICKELL AVE. 8TH FL.	e (Printed or typed) Address	
80	Nam 1 BRICKELL AVE. 8TH FL. IAMI, FL 33131	Address	
80	Nam 1 BRICKELL AVE. 8TH FL. IAMI, FL 33131		

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

* KDprocess *

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

RTICLE I NAME ne name of the corporati	ion shall be: Le Totuan, Inc.				=
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:			
100 Brickell Bay Dr. #3	10747				_
Miami, FL 33231					
he purpose for which the	DSE he corporation is organized is: any lawful	business.		<u></u>	
• •					
			 -		
				ئىن: 	2821
				<u> </u>	SES
				- 京	_===
				252 m=	9
ARTICLE IV SHARES The number of shares of stock is: 100				- بن - بنا	₽
The number of shares of	Slock IS.			1 -1 € €3-5-	-
ARTICLE V INITL	AL OFFICERS AND/OR DIRECTORS			30 10 10 10 10 10 10 10 10 10 10 10 10 10	PM 4: 40
	c: Luciano Naheul SALOMON - P	_ Name and Title	Antonella Maz	zanti - VF	,
Name and Thie	1100 Brickell Bay Dr. #310747		1100 Brickell		
Address		Address:			
	Miami, FL 33231	_	Miami, FL 332	31	
		_			
Name and Title	::	Name and Title	·		
Address		Address:			
					
		_			
Name and Title	c:	Name and Title	:		
Name and Title	e:		: <u></u>		

Address:
of the registered agent is:

_

nnot be more than five days prior or 90 days after the
able statutory filing requirements, this date will not be listed as rds.
ess for the above stated corporation at the place designated in this istered agent and agree to act in this capacity
09/15/2011
Date
are true. I am aware that the false information submitted in a clony as provided for in s.817.155, F.S.
09/15/2021
Date