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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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IVISION OF LORPORATIONS
TALLAHASSEE FLORIDA

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CHILL, CO			
<del></del>			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
		·	Fictitious Search
Signature			Fictitious Owner Search
Ū			Vehicle Search
<del>_</del>	- <b></b>		Driving Record
Requested by: SETH	05/18/22		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In 17- Ponder's Printing - Thom sevine GA 8/01	Will Pick Up		Courier

## **COVER LETTER**

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

SUBJECT:	Chill. Co.		
	(P) OPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the a		
\$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	PY REQUIRED
	_	ne (Printed or typed)	
	989 N.V. 8814 (	Court STE 10.1 Address	
	Miami, FL 3317	y, State & Zip	
	(3x5) 591- Daytime	CSUL Telephone number	
	E-mail address: (to be us	SO BGLAWFL.	(a)!

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)

The name of the corpora	tion shall be: Chill. Co.		
1989 NW 88 (	CIPAL OFFICE Principal street address (1.57£ 10)	Mailing a	ddress, if different is:
engage in a	the corporation is organized is: The my lawful act or activited under the general	y for which co	of the great
	slock is: 1 () ()  AL OFFICERS AND/OR DIRECTORS	i to Name and Title:	2012 HAY 20 PH 2: 39 SEUN LAHASSEE, FL
Address	e: Alejandro R. Conzdez Dire 8 President 1989 NU 88 CT STE 10 Miami, FL 33172	Address:	
Name and Title Address	:	Name and Title: Address:	
Name and Title			

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Alejandio P. (2012)  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Alejandio P. (2012)  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specificand cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the document's effective date on the Department of State's records.  Having been named of registered agent to accept service of process for the above stated corporation at the place design certificate, I unrighthar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true I um aware that the false information sundocument to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.	Name and Titl	c:	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Address: Address: ABB CR RATE DERVICES LUC  Address: Address: Alexandro R. (2007) ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Alexandro R. (2007) Address: 1989 85 CT STE 101  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL)  (If an effective date is listed, the date must be specificand cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the document's effective date on the Department of State's records.  Having been namellas registered agent to accept service of process far the above stated corporation at the place design certificate. I amy partner with and accept the oppointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information surdocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address		Address:	
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