P2200057557

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100391298781

07/20/22--01004--013 **78.1

S. CHATHAM

2022 JUL 20 PH 12: 02

22 JUL 20 FK 6: 40

CORPORATE WE ACCESS,

When you need ACCESS to the world

INC.

NC. 236 East 6

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UP:		7/20	DANNY	
XX	CERTIFIED COPY				
	РНОТОСОРУ				
	CUS				
XX	FILING	INC			
1.	MICHELA PINBU IN	C			
	(CORPORATE NAME AND DOC	UMENT #)			
2.	(CORPORATE NAME AND DOC	UMENT #)			
		J			
3.	(CORPORATE NAME AND DOC	UMENT #)	·		
4.	(CORPORATE NAME AND DOC	IMENT #)		-	
5.	(COM ONTE WINE THE BOC	OMENT #)			.
	(CORPORATE NAME AND DOC	UMENT #)			
6.	(CORPORATE NAME AND DOC	UMENT #)			UL 20 F.
SPECIA INSTRU	L ICTIONS:				FM 6:40

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

The name of the corpora	tion shall be: Michela Pinbu Inc	C			
ARTICLE II PRINC	CIPAL OFFICE Principal street address	1424	Mailing address, if d	ifferent is:	
Suite 2822			2822		
Miami, FL 33132		Mi	iami,FL 33132	. 33132	
	OSE the corporation is organized is: advertising space. Social media in	fluencer			
Tv and event prese	enter Event host Talent managem	ent		-	
Contracting actors	and actresses for television or thea	ater producti	ons Spa, beauty salo	on, body massag	
All other legal activi	ities	-			
			<u>-</u>		
		·			
ARTICLE IV SHAR. The number of shares of	<u>ES</u> stock is: 1000			70 P	
ARTICLE V INITLA	AL OFFICERS AND/OR DIRECTORS Michaela Pincay Bustomanto			EH 6: 40	
Name and Title	·- 	Name and	Title:		
Address	URDENOR 1 MZ 110	Address:			
	VILLA 1 1 Y CALLEJON 16		<u> </u>		
	Guayaquil. Equador 090507				
Name and Title:		Name and	Title:		
Address					
				_	
				-	
Name and Title:		Name and	Title:		
Address		Address:			
				·-	

Name and Title:		Name and Title:			
Addres					
	REGISTERED AGENT Storida street address (P.O. Box NOT acceptab	e) of the registered agent is:	_		
Name:	Registered Agents Inc.				
Address:	7901 4th St. N., Ste 300				
	St. Petersburg, FL 33702	22 J	::: ->!!		
<u>ARTICLE VII</u>	INCORPORATOR	22 JUL 20	3 • • • • • • • • • • • • • • • • • • •		
The <u>name</u> and a	ddress of the Incorporator is:	<u></u>	٠.		
Name:	Amanda J. Beren				
Address:	31416 Agoura Rd. Suite 118				
	Westlake Village, CA 91361				
<u>ARTICLE VIII</u>	EFFECTIVE DATE:				
Effective date, i (If an effective filing.)	f other than the date of filing:date is listed, the date must be specific and co				
Note: If the dat the document's	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be list rds.	ed :		
Having been nan certificate, I am	med as registered agent to accept service of proc familiar with and accept the appointment as reg	ess for the above stated corporation at the place designated istered agent and agree to act in this capacity	in ti		
	Bee Home	07/19/2022			
	Required Signature/Registered Agent	Date			
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information submitte elony as provided for in s.817.155, F.S.	d in		
	493	07/19/2022			
Required Signat	ure/Incorporator	Date	—		