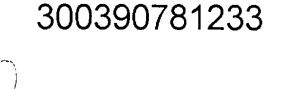
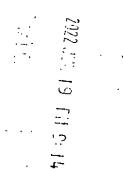
Paa00059702

(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



07/19/22--01031--019 **70.00



Nohora Mayorga 7356 Moneta Street Lake Worth, FL 33467 Phone: 561—667-8953

June 6, 2022

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

SUBJECT: NAME RELEASE

This letter is to confirm that, I Nohora Mayorga do not have any intention of reinstating the following Corporation: NOHORA'S SENIOR PLACEMENT AGENCY, INC, and that the old document assigned to this Corporation <u>P19000025108</u> will no longer be used to conduct any business.

Sincerely yours,

Nohora Mayorga

COVER LETTER

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

SUBJECT:	NOHORA'S SENICA	2 LEKCEMEN	JT AGENCY Inc.			
	(PROPOSED CORPORA	FE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
	□ \$78.75 The Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status			
FROM: NOHORA MAYOREA						
	Name (Printed or typed) 7356 MONETA STREET					
	Address LAKE WORTH FL 33467 City, State & Zip					
-	City, State & Zip					
	561-667-8953					
_	Daytime Telephone number					
infoenchoras.com						

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE 1 NAME The name of the corporation shall be: VOHORN'S	SENIOR PLACEMENT AGENCY Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address 7355 Moneto Street Lough FL 33447	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	DUS(1)x=53
ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Wohoya I Mayovaya Address 7356 Mohet Street	
Name and Title: Toncillan Monzalez Address 735 Moneta Stree Lake Worth, FL 3341	Address:
Name and Title:Address	

Name and Title:	N	ame and Title:
Address	A	ddress:
		· · · · · · · · · · · · · · · · · · ·
ARTICLE VI REGISTERED AC	CEAT	
The name and Florida street address	ss (P.O. Box NOT acceptable) of the	registered agent is:
Name: Ahwi	a beland	
Address: 655	4,6×6/10/3	201
		20 () () () () () () () () () (
<u>Deer 1</u>	ield Eceil, FL 33) - - 1
ARTICLE VII INCORPORATOR	2	
The name and address of the Incorpo	orator is:	
	a Navorga. 6 Monada Stree	
Address: 735	1. Manda Stree	4
,	1.	1
Lakel	WOTIN, IL 53-16	ı
ARTICLE VIII EFFECTIVE DAT	TF·	
Effective date, if other than the date of	of filing:	(OPTIONAL)
filing.)	te must be specific and cannot be	more than five days prior or 90 days after the
Note: If the date inserted in this bloc	tk does not meet the applicable statu	nory filing requirements, this date will not be listed as
the document's effective date on the l	Department of State's records.	and the second of the second o
Having been named as registered agei	nt to accept service of process for the	e above stated corporation at the place designated in this
certificate, I am familiar with and acc	ept the appointment as registered ag	ent and agree to act in this capacity
- Anada	, Liderando	6/6/2022
Required S	ignature/Registered Agent	Date
I submit this document and affirm the	out the facts stated herein are true.	I am aware that the false information submitted in a
document to the Department of State of	onsaimes a inita aegree jeiony as p	1 1
Required Signature/Incorporator	4/1400 ==	6/6/2022
	`) `	Date