8/1/22, 10:25 AM

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000258537 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION **MJACOHEN COMPANY**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

To:

ARTICLES OF INCORPORATION

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

CLE IV SHARES mber of shares of stock is: 100 CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title:		2522 AUC 1
CLE IV SHARES umber of shares of stock is: 100 CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title:		2:22
ICLE IV SHARES umber of shares of stock is: 100 CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title:		2:22
VCLE IV SHARES umber of shares of stock is: 100 CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title:		2522 1135 1
CLE IV SHARES umber of shares of stock is: 100 CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title:		2522 1/180 1
CLE IV SHARES umber of shares of stock is: 100 CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title:		2522 AUC - 1
ICLE IV SHARES number of shares of stock is: 100 ICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title:		2522 NUE - 1
Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title: DAYANARA COHEN AGUILAR (P)		2522 AUC I
Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title: Name and Title:		2522 AUE - 1
	•	355 VAC 1
Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title: DAYANARA COHEN AGUILAR (P)		<u> </u>
Name and Title: DAYANARA COHEN AGUILAR (P) Name and Title:	•	:
		2
Address 1110 BLACKWOOD WAY Address:	- ;	<u>ي:</u>
CLERMONT, FL 34714	i 	
Name and Title: Name and Title:		
Address Address:		
Name and Title: Name and 'Title:		_

From: Yanet Av

Name and	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	the registered agent is:
Name:	DAYANARA COHEN AGUILAR	- -
Address:	1110 BLACKWOOD WAY	_
	CLERMONT, FL 34714	_
ARTICLE VII	INCORPORATOR	
	Idress of the Incorporator is:	
Name:	DAYANARA COHEN AGUILAR	-
Address:	1110 BLACKWOOD WAY	<u>.</u>
	CLERMONT, FL 34714	- ~ <u>~</u>
	a consequie D. ARC	. (OPTIONAL)
	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
		ot be more than five days prior or 90 days after the
	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as .
me document 3 e	rective date on the Department of State's records.	
Having been nam	ned as registered agent to accept service of process j	or the above stated corporation at the place designated in this
certificate, I am f	amiliar with and accept the appointment as registe	red agent and agree to act in this capacity
10/	Dayanara Cohen Aguilar Required Signature/Registered Agent	
, ,	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
/a/ Do	ryanara Cohen Aguilar	Date