

P22 0000 65473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

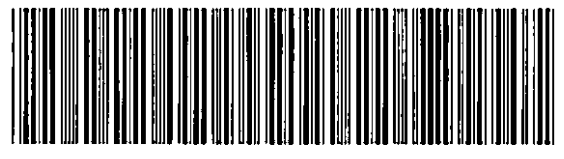
(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: HAPPY SHOPPING CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee Filing Fee
& Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ALL AMERICAN PERMITS LLC
Name (Printed or typed)

6801 NW 77TH AVE SUITE 103
Address

MIAMI FL 33187
City, State & Zip

305-501-4791
Daytime Telephone number

info@allamericanpermits.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: HAPPY SHOPPING CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8245 SW 10TH TER
MIAMI FL 33144

8245 SW 10TH TER
MIAMI FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Coporate purpose is "Any and all lawful business".

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAFAEL E LEYVA FONSECA / P Name and Title: _____

Address: 8245 SW 10TH TER Address: _____
MIAMI FL 33144 Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RAFAEL E LEYVA FONSECA

Address: 8245 SW 10TH TER

MIAMI FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAFAEL E LEYVA FONSECA

Address: 8245 SW 10TH TER

MIAMI FL 33144

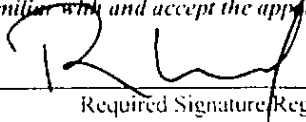
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/22/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

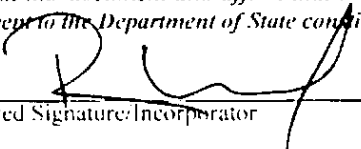
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

08/22/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

08/22/2022
Date