# P22000070389

,

A)	lequestor's Name)	
	ddress)	
<i>ب</i> ر)	duless)	
(A)	ddress)	
(C	ity/State/Zip/Phone #)	
	_	
PICK-UP		MAIL
(8	lusiness Entity Name)	
(D	ocument Number)	
		0
Certified Copies	Certificates of	
Special Instructions to F	iling Officer:	
	inng Oncer.	

Office Use Only



## 200394371142

#### 200394371142 09/13/22--01003--014 \*\*70.00



K K Start D 2022 SEP 12 PH 4+14 Wi⊥?) Cort () ∰∰



#### **COVER LETTER**

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

2

### SUBJECT: <u>Credit Beast Pro Inc.</u> (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u>)

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

Г

S \$70.00 Filing Fee	<ul> <li>\$78.75</li> <li>Filing Fee</li> <li>&amp; Certificate of Status</li> </ul>	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
	Miro Cucu Name 30 SW 814		
	Miami Fl I City.		
	786 - 812 - 8 Daytime T	6 3)	
	Creditbe.stpr E-mail address: (to be used	1 for future annual report n	otification)

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

2

۰.

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

•

ARTICLE I NA	ME Credit Be	ust Pro-	Inc.
	INCIPAL OFFICE Principal street address		
1			Mailing address, if different is:
	12 St. Suite C	10	BOX JUSUST
Miam.	F1 33130	Corn	1 4usic, F1 33124
ARTICLE III PUI The purpose for which	<b>RPOSE</b> cli the corporation is organized is: $\underline{For}$	Any c	All Lawfor
			DIVISION 22 SEF
		<u> </u>	SEP SIGN
		<u></u>	
	_		
· •		· - · - ·	
ARTICLE IV SHE The number of shares	HRES of stock is:( P G		
	TIAL OFFICERS AND/OR DIRECTORS		
Name and 1	ille: M.r. Cuculiza - President	Name and Title	Mayela Moran - Presiden
Address	1130 500 843 54	Address :	1130 5~ 8 14 54
	Sute (		suite (
	Miani, F1 33130		Miari, F1 33130
Name and Ti	tle:	Name and Title	·
Address			
		_	·
Name and Ti			
	lle:	Name and Title:	
	ule:		
Address			
		Address:	

Name and Title:	Nome and Title:	
Address	Address:	
<del></del>		

#### ARTICLE VI \_\_ REGISTERED AGENT

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

Name: Address:

Miro Eventiza 1130 Sw oth St Slife ( Minni, F1 33130

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

<u>ARTICLE VIII</u> <u>EFFECTIVE DATE:</u> Effective date, if other than the date of filing: 09113(35) (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

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.

Required Signature/Incorporator

S.					
	_	 1	,	ĩ	

09/12/22

Date 09/13/3-3-

PH 3: 2