## P22000074707

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
<del></del>	7
Special Instructions to Filing Officer:	
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800394893668 S. CHATHAM

SEP 28 2022

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2022 SEP 27 PH 3: 24

22 SEP 27 PM 3: 2

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Opayoma Corp	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	An, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH 00/27/22	UCC 1 or 3 File
09/2//22	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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

	INCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
NE 5 <sup>TH</sup> STREET LEVUE, WA 98004	- <del>1</del> 920		
FICLE III _PU.	RPOSE  ch the corporation is organized is:		
Y AND ALL LAW	FUL BUSINESS		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	<u>.</u>		SEP 2
			7 P
			<u> </u>
			2 E
	of stock is: 100 SHARES	2.5	
number of shares	<u>ARES</u> of stock is: <u>100 SHARES</u> TIAL OFFICERS AND/OR DIRECTOR "itle: Pablo E Bernal Penuela - PD_	_	*
number of shares	of stock is: <u>100 SHARES</u>	Name and Title:	<del></del>
number of shares  TICLE V INI  Name and T	of stock is: <u>100 SHARES</u> TIAL OFFICERS AND/OR DIRECTOR  "itle: Pablo E Bernal Penuela - PD	Name and Title:	Myriam Bernal - SD
number of shares  TICLE V INI  Name and T  Address	of stock is: <u>100 SHARES</u> TIAL OFFICERS AND/OR DIRECTOR  "itle: Pablo E Bernal Penuela - PD	Name and Title: Address:	Myriam Bernal - SD  9437 NE 5th STREET  BELLEVUE, WA 98004-4920
number of shares  TICLE V INI  Name and T  Address	TIAL OFFICERS AND/OR DIRECTOR  Title: Pablo E Bernal Penuela - PD  9437 NE 5th STREET  BELLEVUE, WA 98004-4920  ttle: Myriam C Penuela - TD	Name and Title: Address:	Myriam Bernal - SD  9437 NE 5th STREET  BELLEVUE, WA 98004-4920
Name and Towns a	TIAL OFFICERS AND/OR DIRECTOR  Title: Pablo E Bernal Penuela - PD  9437 NE 5th STREET  BELLEVUE, WA 98004-4920  ttle: Myriam C Penuela - TD	Name and Title: Address: Name and Title: Address: Address:	Myriam Bernal - SD  9437 NE 5th STREET  BELLEVUE, WA 98004-4920  Pablo E Bernal Clavijo - VPD
Name and Tourish Address  Address	TIAL OFFICERS AND/OR DIRECTOR  Title: Pablo E Bernal Penuela - PD  9437 NE 5th STREET  BELLEVUE, WA 98004-4920  ttle: Myriam C Penuela - TD  9437 NE 5th STREET  BELLEVUE, WA 98004-4920	Name and Title: Address: Name and Title: Address: Address:	Myriam Bernal - SD  9437 NE 5th STREET  BELLEVUE, WA 98004-4920  Pablo E Bernal Clavijo - VPD  9437 NE 5th STREET

Name a	nd Title:	Name and Title:
Addres		
	REGISTERED AGENT	
Name:	Florida street address (P.O. Box NOT acceptable) of Consulting Services of South Florida Inc	
Address:	2121 Ponce de Leon Blvd Ste 1050	DIVISION OF CO
	CORAL GABLES, FL 33134	F CON
ARTICLE VII	INCORPORATOR	PH 3: 25
The <u>name and a</u>	ddress of the Incorporator is:	16 16 10 16 16 16 16 16 16 16 16 16 16 16 16 16
Name:	ANTONIO GARCIA	<b></b>
Address:	2121 PONCE DE LEON BLVD STE 1050	<u>)                                    </u>
	CORAL GABLES, FL 33134	_
Effective date, i	EFFECTIVE DATE:  Tother than the date of filing:  date is listed, the date must be specific and cannot	. (OPTIONAL) not be more than five days prior or 90 days after the
	inserted in this block does not meet the applicable effective date on the Department of State's records	e statutory filing requirements, this date will not be listed as s.
	ned as registered agent to accept service of process ) familiar with and accept the appointment as register	for the above stated corporation at the place designated in this red agent and agree to act in this capacity
	Anthola	09-26-2022
	Required Signature/Registered Agent	Date
	sument and affirm that the facts stated herein are Department of State constitutes of hird degree felo	e true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
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