## Paa000078247

(Ĥ	Requestor's Name)
Α)	Address)
	Address)
(/	14416337
(C	City/State/Zip/Phone #)
PIÇK-UP	WAIT MAIL
	Dugingas Entity Nama)
(6	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
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Office Use Only

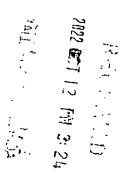


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S. CHATHAM

OCT 13 2022

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## **COVER LETTER**

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

SUBJECT:	OSTEND CORPOR	TE NAME - MUST INCLU	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
	d sub G	ADDITIONAL CO	or i kequikeb

Daytime Telephone number

Advancedin Sign Faccounting (Damai), Com

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

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

Please use funds from account: Authorization Signature COSTENO CORPORATION Business Name	120210000160 Amount: paid: \$87.50  James P. Full  Document #
WILL WAIT	
Photocopy	
_XCertified Copy (s) Arti _X Certificate of Status	les of Organization
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
FOR ProfitNot for ProfitNot for ProfitLimited LiabilityDomesticationOther _XCORPLLLP	AmendmentResignation or Officer/DirectChange of Registered AgentRevocation of DissolutionMergerConversionArticles of ConversionResignation
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual ReportFictitious NameARTICLES OF CORRECAPOSTIL ()	Foreign filing Limited Partnership Reinstatement  Other

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

The name of the corporat	ion shall be: COSTENO	Corpo	ration		
ARTICLE II PRINC		1	Mailing address, if o	lifferent is:	_
ARTICLE III PURPO The purpose for which the	PUDOSES.	any cr	nd all	lawfi	<u>; )</u>
				22 ICT 12	DIVISION OF C
ARTICLE IV SHARI The number of shares of	ES stock is:		, ,	PH 3: 10	Y OF STATE
Name and Title  Address	LOFFICERS AND/OR DIRECTORS Ameerah 5 Adejola, 10141 W Commercial Surise, FL 3335		r <del> </del>		
Name and Title:					
Name and Title:					

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	IOT acceptable) of the registered egent is:
Maria	nos al Rivel
	3335·1
Sunse, FC	<u> </u>
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	No Division of the Control of the Co
Name: Amecrah S	> tdepla = 3 50
Address: LOIYI LU COM	nmercial Blud
	<u> </u>
/	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
(If an effective date is listed, the date must be sp filing.)	pecific and cannot be more than five days prior or 90 days after the
	neet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	
	ervice of process for the above stated corporation at the place designated in this
vertificate, Vam familiar with and accept the appoi	intment as registered agent and agree to act in this capacity
Required Signature/Regg	lough vola 22 Date
	stated herein are true. I am aware that the false information submitted in a
	third degree felony as provided for in s.817.155, F.S.
I Uneer och & Cento	200/2 10/12/22
Separated Signature/Incorporator	Date