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D. O'KEEFE DEC - 6 2022

COVER LETTER

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

SUBJECT: J	CORTES CO	PRAPORATION	
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	I a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	JUSE CORTES	<u> </u>	
	JOSE CORTES Name 1331 NW 88	(Printed or typed) The Street Address	
		L 33/47 State & Zip	
	- ,	CZ -3.552	
	ODIMPROCEM P Ogra E-mail address: (to be use	nail con I for future annual report i	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)

<u>ARTICLE I : 1</u>	<u>NAME</u>	0	70	
The name of the c	corporation shall be:	COATES	CORPORATION	
ARTICLE II 1331	PRINCIPAL OFFICE Principal street address ルロー級が 、FL 33/47	STREET	-	dress, if different is:
Miami	, FL 33/47			
ARTICLE III The purpose for v	PURPOSE which the corporation is organi	zed is:		
TO ENGA	CE'N THE TRANSA	etion of Aug	EX ALL LAWAL BU	2254/2
	-			
ARTICLE IV	SHARES pares of stock is: 100 #	100 end		
	INITIAL OFFICERS AND/O			
	nd Title: Jose Contes			
Address	1331 NW &8			
	Aligni, FL	37/47		A. 20
				2022 NOV
Name an	d Title:		Name and Title:	18 S 1
Address			Address:	
				2: 26
	-			
Name an	d Title:		_ Name and Title:	
Address	·		Address:	

Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Troce - Cectles Required Signature/Registered Agent Date	Name and	Title:	Name and Title:	
The name and Florida street address (FO, Box NOT acceptable) of the registered agent is: Name: FOSE CONTES Address: MIANU	Address		Address:	
The name and Florida street address (FO, Box NOT acceptable) of the registered agent is: Name: FOSE CONTES Address: MIANU				,
The name and Florida street address (FO, Box NOT acceptable) of the registered agent is: Name: FOSE CONTES Address: MIANU			-	
The name and address of the Incorporator is: Name: Address: Syl Nw 19th CT Address: Syl Nw 19th CT Migni: Ft 33178 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 These - Cacles Required Signature/Registered Agent 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 x817.155, F.S.			f the registered agent is:	
The name and address of the Incorporator is: Name: Address: Syl NW 19th CT Address: Syl NW 19th CT Migni: Ft 33118 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 Trace - Cacles Required Signature/Registered Agent 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 x817.155, F.S.	Name:	JUSE CONTES	_	
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Alle ling	I submit this docu	unent and affirm that the facts stated herein are		
Required Signature/Incorporator Date	document to the D		ny as provided for in s.817.155,	F.S.
	Required Signatur	e/Incorporator	Date	

JOSE CORTES 1331 NW 88th STREET MIAMI, FL 33147

October 7, 2022

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 332301

Gentlemen:

I, Jose Cortes, by these means, I am informing and assuring you that I do not have any intention to reinstate the Florida Profit Corporation dissolved by the State Division of Corporations, listed under Document Number P19000058389, as noted under the name of J Cortes Corporation.

Thank you for your kind attention to this matter.

Sincerely,

Jose Cartes