P23000003437

·	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Document Number)
_	
en Copies	Certificates of Status
acial Instructions to	Filing Officer.
	-

Office Use Only



500400727335

S. CHATHAM

SECRETARY OF STAIR
DIVISION OF CORNER OF CAR

3:28

COVER LETTER

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

SUBJECT: Casa	a Oca Inc		
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	Filing Fee & Certificate of Status Elling Fee & Certified Copy Elling Fe		
⊠ \$70.00 Filing Fee	Filing Fee	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
	BI UFMAX	C PARTNERS CORP	
FROM:			
	848 BRICKI	ELL AVE STE 1130	
		Address	**
	City.	State & Zip	
	305	- 607-3493	
	Daytime To	elephone number	
	mdelloca@mde	ellconsulting.com	
	notification)		

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

. FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

AMINIER'S INITIALS:____

PLEASE USE FUNDS FROM A	C1: 120210000160 AMOUNT: 3 /0.00	
AUTHORIZATION: /	who	
CASE OCA INC Business Name	Document Number, (if known):	
Walk in	Pick up time	
Mail out	Will wait Photo	сору
Certified Copy of Articles ofCertificate of Status	ncorporation	
NEW FILINGS	<u>AMMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other X_ CORP PLLC	AmendmentResignation of R.A. (Change of RegisteredRevocation of DissoMergerConversionAmended and restaStatement of Authority	l Agent lution
OTHER FILINGS	REGISTERATION/QUALIFIC	<u>CATIONS</u>
Annual Report	Foreign filingLimited Partnership	
Fictitious Name	Reinstatement	
_ APOSTIL() Country	Other	

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

ARTICLE 1 NAME The name of the corporat	ion shall be. Casa Oca Inc		
ARTICLE II PRINC		Mailing addre	ess, if different is:
848 Brickell Ave. S Miami, Fl 33131	Ste 1130		
Miami, Fi 33 13 1			
	<u> </u>	·	
ARTICLE III PURPO	<u>OSE</u>		
The purpose for which the	he corporation is organized is: Any and	all lawfull business	
			N 6
			AN
			8 727
			# 200°
			36
	•		, -
	L OFFICERS AND/OR DIRECTORS		
Name and Title	: Victoria Delloca, President	Name and Title:	
Address	848 Brickell Ave. Ste 1130	Address:	<u> </u>
	Miami, FI 33131		
Name and Title:		Name and Title:	
Address		Address:	
7144.400			
		<u> </u>	
Namu and Title	·	Name and Title:	
Address		Address:	
		_	

Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Bluemax Partners Corp		DIV 23
Address:	848 Brickell Ave. Ste 1130		OIVISION OF E
	Miami, Fl 33131		18 07 8 1
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		REY OF STAIL CONFUNCTION
The <u>name and a</u>	ddress of the Incorporator is:		36 10H
Name:	Bluemax Partners Corp		
Address:	848 Brickell Ave. Ste 1130		
	Miami, Fl 33131		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can	(OPTIONAL) nnot be more than five days prio	r or 90 days after the
	e inserted in this block does not meet the applica effective date on the Department of State's recor		his date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of proce familiar with and accept the appointment as regi	ss for the above stated corporation i stered agent and agree to act in this	at the place designated in th s capacity
	Required Signature/Registered Agent		01/18/2023
Required Signature/Registered Agent			Date
I submit this do document to the	cument and affirm that the facts stated herein of Department of State constitutes a third degree fe	are true. I am aware that the false lony as provided for in s.817.155, I	e information submitted in E.S.
	MELACIE	·	01/18/2023
Required Signature/Incorporator		Date	