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Division of Corporations Division of Corporations Division of Corporations Electronic Filing Cover Sheet

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	Division of (Corporations				
	Fax Number	: (850)617-6381				
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Electronic Filing Menu

Corporate Filing Menu

Help

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

TCIFII DE	UNCIPAL OFFICE				
16.11.11	Principal street address	N 4=18	Matter		
NW 97 Ave	nue. Apt 103		Mailing address, if different is:		
ami FL 3317	2				
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purpose for whi	ich the corporation is organized is: to en	lace in may periods an acceptance			
of the Unite	ed States and the State of Florida.				
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101.E V 157			. •		
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CLE V 15T	TI41, OFFICERS AND/OR DIRECTORS	Name and Title:			
Name and T	TI4! OFFICERS AND/OR DIRECTORS itle:Yudit Cepero, President 925 NW 97 Avenue, Apt 103	Name and Title:Address:	 		
Name and T	TI4 <u>! OFFICERS AND/OR DIRECTORS</u> "itle: <u>Yudit Cepero, President</u>	Name and Title:Address:	. · · · · · · · · · · · · · · · · · · ·		
Name and T	TI4! OFFICERS AND/OR DIRECTORS itle:Yudit Cepero, President 925 NW 97 Avenue, Apt 103	Name and Title:Address:	 		
CLE V 157 Name and T	Tid: OFFICERS AND/OR DIRECTORS itle: Yudit Cepero, President 925 NW 97 Avenue, Apt 103 Miami, Ft 33172	Name and Title:Address:	 		
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Name and Title:		Name and Title:
Address		Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT accept	
Name:	Yudit Cepero	
Address:	925 Nw 97 Ave. Apt 103	
	Mian), FL 33172	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	٠ ٢ ١
Name:	Yudit Cepero	 ;
Address:	925 NW 97 Ave. Apt 193	<u></u>
	Miami, Ft 33172	
Effective date, i	FFFECTIVE DATE: f other than the date of filing:	ယ က OPTIONALI
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days prior or 90 days after the
Note: If the dat the document's	e inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, this date will not be listed as ecords.
Having been na certificate, I um	med us registered ugent to accept service of profunition with and accept the appointment as r	ocess for the above stated corporation at the place designated in thi egistered agent and agree to act in this capacity
 -	Required Signature/Registered Agei	9:/24/2023 nt Date
I submit this do document to the	• • • • • • • • • • • • • • • • • • • •	in are true. I am aware that the fulse information submitted in a
Required Signate	ure/Incorporator	Date 01/24/2023
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