

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000082867 3)))



Note: DO NOT hit the REERESH/RELOAD button on the

To:			
	Division of Co	rporations	
	Fax Number	: (850)617-6381	
From:			
	Account Name	: ARES & COMPANY, C.P.A., P.A.	
	Account Number	: 120000000268	
	Phone	: (305)229-8256	
	Fax Number	- /3051220-8252	
		. (303)223-0232	
anr	the email addres	s for this business entity to be used for f .ngs. Enter only one email address please.**	
anr Ema	the email addressual report maili	s for this business entity to be used for f .ngs. Enter only one email address please.**	

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

:707

COVER LETTER

H23000082867 3

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

	(NOT OSEN COM	VTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
inclosed are an	original and one (1) copy of the art	ticles of incorporation and	d a check for:
☎ \$70.00 Filing Fe		☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	•
		ADDITIONAL CO	· ·
FROM:	ARES & COMPANY CPA PA		· ·
FROM:	Nam	ADDITIONAL CO	· ·
FROM:	Nam 3636 SW 87 AVENUE		· ·
FROM:	Nam 3636 SW 87 AVENUE	e (Printed or typed)	•
FROM:	Nam 3636 SW 87 AVENUE MIAMI. FL 33165	e (Printed or typed)	· ·

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)

S NW 8 ST A	NCIPAL OFFICE Principal <u>street</u> address APT 112	Mailing address, if different is: 9260 SW 21 ST	
PRAL, FL 33	26	MIAMI, FL 33165	
CLE III PUR urpose for whic	POSE h the corporation is organized is:ANY AN	D ALL LEGAL BUSINE	:SS
			
imber of shares	of stock is: IAL OFFICERS AND/OR DIRECTORS	Name and Title:	
mber of shares	of stock is: IAL OFFICERS AND/OR DIRECTORS tle: HUGO SANTANDER-PRES 80%	Name and Title:	·, N
mber of shares CLE V INIT Name and T	of stock is: IAL OFFICERS AND/OR DIRECTORS tle: HUGO SANTANDER-PRES 80%		
mber of shares CLE V INTI Name and T Address	of stock is: IAL OFFICERS AND/OR DIRECTORS tle: HUGO SANTANDER-PRES 80% 2501 S OCEAN DRIVE #1037 HOLLYWOOD, FL 33019	Address:	7- 75
CLE V INIT Name and T Address Name and Tit	IAL OFFICERS AND/OR DIRECTORS Ide: HUGO SANTANDER-PRES 80% 2501 S OCEAN DRIVE #1037 HOLLYWOOD, FL 33019 Ide: JORGE SANTANDER-VP 20%	Address: Name and Title:	2 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Name and T Address	of stock is: IAL OFFICERS AND/OR DIRECTORS IIe: HUGO SANTANDER-PRES 80% 2501 S OCEAN DRIVE #1037 HOLLYWOOD, FL 33019 Ie: JORGE SANTANDER-VP 20%	Address: Name and Title:	7- 75 1- 75 1- 10 10
CLE V INTI Name and T Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS Ide: HUGO SANTANDER-PRES 80% 2501 S OCEAN DRIVE #1037 HOLLYWOOD, FL 33019 Ide: JORGE SANTANDER-VP 20% 9260 SW 21 ST MIAMI, FL 33165	Name and Title: Address:	7. 72 7. 72 7. 10 10
umber of shares CLE V INTI Name and T Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS Ide: HUGO SANTANDER-PRES 80% 2501 S OCEAN DRIVE #1037 HOLLYWOOD, FL 33019 Ide: JORGE SANTANDER-VP 20% 9260 SW 21 ST	Name and Title: Name and Title: Name and Title:	7. 72 7. 72 7. 10 10

gn Envelope ID: 46C91	48C-91E2-4ACD-9D06-725BB97A8D19		H23000082867 3
· Name an	d Title:	Name and Title:	
Address		Address:	

		·	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	HUGO SANTANDER		
Address:	2501 S OCEAN DR #1037		
	HOLLYWOOD, FL 33019		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	Idress of the Incorporator is:		
Name:	HUGO SANTANDER		
Address:	2501 S OCEAN DR #1037		
	HOLLYWOOD, FL 33019		
Effective date, if	other than the date of filing:	. (OPTIO	NAL)
filing.)	late is listed, the date must be specific and c	annot de more than live di	ays prior or 90 days after the
Note: If the date the document's e.	inserted in this block does not meet the applie ffective date on the Department of State's reco	cable statutory filing require ords.	ements, this date will not be listed
Having been nam certificate I am fo	sed as registered agent to accept service of proc amiliar with and accept the appointment as re	cess for the above stated corp gistered agent and agree to a	oration at the place designated in act in this capacity
Hugo Santan			3/8/2023
OCCU9450A5014B3	Required Signature/Registered Agent		Date"
	ument and affirm that the facts stated herein Department of State constitutes a third degree		
Hugo Santan	der		3/8/2023
Required Signahi	re/Incorporator		Date