P23000044217

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7





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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	!
La Cienega De Oro Corporation	_,
Please Debit 120000000257 For: 78.75	
Thank you Seth Neeley	
1-4-1	
All for	Art of Inc. File
<i>y</i>	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature /	Fictitious Owner Search
Signature //	Vehicle Search
	Driving Record
Requested by: SETH 06/09/23	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF INCORPORATION

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

<u>ARTIÇLE I NAME</u>	2			
The name of the corpora	tion shall be: <u>LA CIENEGA DE QRO C</u>	ORPORATION	- •	
ARTICLE II PRIN	Principal street address		Mailing address, if different is	
2121 PONCE DE LEON BL CORAL GABLES, FL 3313-				
				
ARTICLE III PURP				
The purpose for which	the corporation is organized is:			
ANY AND ALL LAWFU	L BUSINESS			
				
				·
	stock is: 100 SHARES LOFFICERS AND/OR DIRECTORS			
Name and Title	e: OMAR OROZCO - PSD	_Name and Title:	<u> </u>	
Address	2121 PONCE DE LEON BLVD STE 103	0 Address:		
	CORAL GABLES, FL 33134	_		
				
Name and Title:		_Name and Title:		
Address		Address:		
		_		23
				
Name and Title:	······································	_Name and Title:_		· <u>-</u>
Address		Address:		P#
				÷:
			-5.	F
		_		

Addre			
Addre	Address:		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of the registered agent is:		•
Address:	Consulting Services of South Florida Inc 2121 Ponce de Leon Blvd., Ste. 1050 CORAL GABLES, FL 33134		
	INCORPORATOR		
Name:	address of the Incorporator is: _ANTONIQ GARCIA_		
Address:	2121 Ponce de Leon Blvd., Ste. 1050 CORAL GABLES, FL 33134		
r nective date i		1	
(If an effective filing.) Note: If the date the document's Having been na.	f other than the date of filing:	prior or 90 days after the ts, this date will not be liste on at the place designated in this capacity	ed as
(If an effective filing.) Note: If the date the document's Having been na.	date is listed, the date must be specific and cannot be more than five days inserted in this block does not meet the applicable statutory filing requirement effective date on the Department of State's records. The days registered agent to accept service of process for the above stated corporation familiar with and accept the application as registered agent and agree to act in the service of process.	prior or 90 days after the ts, this date will not be liste ion at the place designated in this capacity 06-09-2023	ed as
(If an effective filing.) Note: If the date the document's Having been naccertificate, I am	date is listed, the date must be specific and cannot be more than five days inserted in this block does not meet the applicable statutory filing requirement effective date on the Department of State's records. The day registered agent to accept service of process for the above stated corporation familiar with and accept the appointment as registered agent and agree to act in the service of the above stated corporation.	prior or 90 days after the ts, this date will not be liste ion at the place designated in this capacity 06-09-2023 Date Fulse information submitted	ed as
(If an effective filing.) Note: If the date the document's Having been naccertificate, I ample I submit this do document to the	e inserted in this block does not meet the applicable statutory filing requirement effective date on the Department of State's records. med as registered agent to accept service of process for the above stated corporatifamiliar with and accept the application as registered agent and agree to act in the Required Signature/Registered Agent cument and affirm that the facts stated herein are true. I am aware that the facts at leird degree felony as provided for in s.817.	prior or 90 days after the ts, this date will not be liste ion at the place designated in this capacity 06-09-2023 Date Talse information submitted 155, F.S.	ed as

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