

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet  
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To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 BLANCA PINEDA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

BLANCA PINEDA, INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1 Truman Cir #a

NAPLES, FL 34104

**ARTICLE III SHARES:** The number of shares of stock is: 1000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

BLANCA J PINEDA - PRESIDENT, SECRETARY, TREASURER, DIRECTOR	800 SHARES
MARIO R GARCIA MENDOZA - VICE PRESIDENT, DIRECTOR	100 SHARES
JOSE MANUEL VILLALOBOS-PENA - VICE PRESIDENT, DIRECTOR	100 SHARE

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

BLANCA J PINEDA

1 Truman Cir #a

NAPLES, FL 34104

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

BLANCA J PINEDA 1 Truman Cir #a, NAPLES FL 34104

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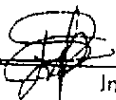
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

5-31-2023  
\_\_\_\_\_  
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 s.817.155, F.S.

  
\_\_\_\_\_  
Incorporator

5-31-2023  
\_\_\_\_\_  
Date

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