## P23000055681

(1	Requestor's Name)	
()	Address)	,
(,	Address)	
((	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	filing Officer.	

Office Use Only



000412440210

07/28/23--01002--004 \*\*70.00



## **COVER LETTER**

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

SUBJECT:	OShi Kenta (PROPOSED CORPOR)	LS CURAS ATE NAME - MUST INCL	CAO /nc.	<u>.                                    </u>
Enclosed are an original \$70.00 Filing Fee	ginal and one (1) copy of the art  \$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	11401 5.	Printed or typed (Printed or typed)  Address	St. Ste	re HOMBL #470
	(786) 503	State & Zip  State & Zip  Liephone number  For future annual report not	ERNATIO	NAC.B

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)

ARTICLE I NAM	E	/ · //	///-	1	/
The name of the corpo	ration shall be:	USHI KE	MALS	CURA	CAO Inc
ARTICLE II PRI	NCIPAL OFFICE				
	Principal street address	SS		Mailing address	s, if different is:
114015.1	w. anto	J 11/12	n		
Minis		1	<i></i>		
1 TAM	, FG, 331	165	<u></u>		
ARTICLE III PURI	<u> POSE</u>	_		-	/ /
The purpose for which	the corporation is organ	nized is:	U AN	2 ALL	Len
Busines	5	,			()
	<u> </u>				
			-		
	<del> </del>				
<del></del>					
he number of shares of	stock is:	<i></i>			
RTICLE V INITIA	AL OFFICERS AND/OI	R DIRFCTORS	// a	/ /	
	1 0	/	- Hesia	ent	
Name and Title	HIYIK. IV	DHOU	_ Name and Title	:	·
Address	1/40/ Sa	240ths	∠. →Addrage:		
	1.10 -	41122	Address.		
	20/TC -A	470	<del>-</del>	<del></del>	
	MIAMI,	FL, 33/	5		
Name and Title:			Manage 1 mg		
			Name and Title:		
Address		<del></del>	Address:		
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Name and Title:			Name and Title		
Address					222
Addiess			Address:		<b>C.</b>
			-		<u></u>
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					S

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. B. Name:	ox NOT acceptable) of the registered agent is:  Atomal Business Consulting Group
Address: 11401 Sw 4	6tost Sinte #400
MiAMI, FO	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Copp Intern	notraine Business Consulting Grove
Address: 1/40/80	notroial Business Consulting George 40th St. Ste \$470
MANI, 1	72, 33/65
filing.)	07/26/303 (OPTIONAL) e specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
Having been named as registered agent to accept certificate, I am familiar with and accept the opposite the certificate.	service of process for the above stated corporation at the place designated in this pointment as registered agent and agree to act in this capacity
Required Signature/R	07/26/2003
I submit this document and affirm that the fac-	Date  ts stated herein are true. I am aware that the false information submitted in a  a third degree felony as provided for in s.817.155, F.S.
Required Signature probiporator	Date 07/26/2023
	Date 07/20/2023
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