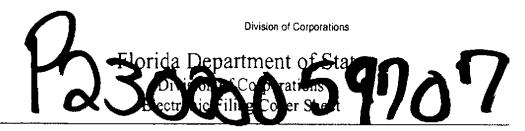
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, L FLORIDA PROFIT/NON PROFIT CORPORATION NAYARA CAVICHIOLLI CORP

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COVER LETTER

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

SUBJECT:	NAYARA CAVICHIOLLI CORP				
	(PROPOSED CORPORA	TË NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an original and one	(i) copy of the articles of incorporation and a check for				
% \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fcc, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY KEQUIKED		
	TAΣ	S PRO CORP			
FROM:	FROM: Name (Printed or typed)				
	8030	PINES BLVD			
		Address			
	PEMBROKE PIN	ES, FLORIDA 33	3024		
	City, State & Zip				
786-3072733					
	Daytime T	elephone number			
	INFO@TAX	SPRO.COM			
	E-mail address: (to be use	o for future annual report i	notification)		

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)

The name of the corpora	ation shall be: NAYARA	CAVICHIOLLI CORP	
ARTICLE II PRIN	CIPAL OFFICE Principal street address	Mailing address, if different is:	
2141 NE 42ND	ST . APT 101	2141 NE 42ND ST, APT 101	
	POINT, FL 33064	LIGHTHOUSE POINT, FL	3306
ARTICLE III PURP	OSE the corporation is organized is:		
ANY AND AL	L LAWFUL BUSINESS		
	<u> </u>		 .
		<u> </u>	
ARTICLE IV SHAR The number of shares of ARTICLE V INITL	ES stock is: 100 AL OFFICERS AND/OR DIRECTOR	<u> </u>	
	PRESIDENT	<u>-</u>	
Address	CAVICHIOLLI MONTEIR	O, NAYARA Address:	
	2141 NE 42ND ST, APT 101 LIGHTHOUSE POINT, FL		
		Name and Title:	
Address		Address:	
			
Name and Title		Name and Title:	
Address		Address:	

Name and Tit	le:	Name and Title:
Address		Address:
Name: T	ISTERED AGENT a street address (P.O. Box NOT acceptable) of AX S PRO CORP 030 PINES BLYD EMBROKE PINES, FL 33024	
ARTICLE VII INC	ORPORATOR § of the Incorporator is:	
Address:	TAX S PRO CORP 8030 PINES HLVD PEMBROKE PINES , FL 33024	
ARTICLE VIII EFI Effective date, if other (If an effective date i filing.)	than the date of filing:	. (OPTIONAL) be more than five days prior or 90 days after the
	rted in this block does not meet the applicable ve date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having heen named as certificate, I am famili	s registered agent to accept service of process for are with and accept the appointment as register.	r the above stated corporation at the place designated in third agent and agree to act in this capacity
	XXX	08/11/2023
-	Require Dignature Registered Agent	Date
I submit this documen document to the Depar	nt and affirm that the facts stated herein are unent of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
3 	XX , `	08/11/2023
Required Signature/In	corporator	Date