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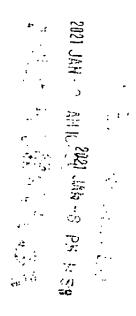
(Re	questor's Name)					
(Address)						
<u>(ΔΔ)</u>	(Address)					
(710	u1033)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(24	omeso Emily Hav	,				
(Do	cument Number)					
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
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Office Use Only



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Offind

CAPITAL CONNECTION, INC.

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

PRONTO AUSTIN B	CORP.		
	., .		
	·		
		✓_	Art of Inc. File
			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
		Ì	Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
6			Vehicle Search
	-		Driving Record
Requested by: BA	1/07/21		UCC 1 or 3 File
Name	· -	 Time	UCC 11 Search
Name		<u> </u>	UCC 11 Retrieval
Walk-In Thom seves GA 8/00	Will Pick Up _		Courier

COVER LETTER

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

SUBJECT: Pronto Austin B Corp. (PROPOSED CORPORA)	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the articles \$70.00 \$78.75	cles of incorporation and a check for: \$78.75 \$\times \\$87.50\$
Filing Fee Filing Fee & Certificate of Status	☐Filing Fee, & Certified Copy Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Mimi Bared	(Printed or typed)
201 Alhambra Circle, Sui	te 501
Coral Gables, FL 33134	State & Zip
305-666-6010 Daytime To	lephone number
mimi@baredlaw.com E-mail address: (to be used	for future annual report 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)

ARTICLE I NAME

121111022	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	201 Alhambra Circle, Suite 501	201 Alhambra	Circle, Suite 501
	Coral Gables, Fl. 33134	Coral Gables,	EL 33134
		 	
ARTICLE III The nurnose for v	PURPOSE which the corporation is organized is:		
	wful business.		
ARTICLE IV The number of sha	_ <i>SHARES</i> ures of stock is:100 Shares at \$1.00 Par \	/alue	
Name and T	INITIAL OFFICERS AND/OR DIRECTO	<u>RS</u> Name and Title:	
Address:	201 Alhambra Circle, Suite 501	Andalasa a .	
	Coral Gables, FL 33134		
Name and T	itle:Syliva Saba Cohen, Secretary	Name and Title:	
Address:	201 Alhambra Circle, Suite 501		
	Coral Gables, FL 33134		
			, ro
Name and Ti	tle:	Name and Title:	
Address:		Address:	- Zu-
		-	
ARTICI E VI	REGISTERED AGENT	-	
	rida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Pablo R. Bared, Esq.	the registered agent is.	५६ हा
Address:	201 Alhambra Circle, Suite 501	- -	, 5 - C
	Coral Gables, FL 33134		•
ARTICLE VII	<u>INCORPORATOR</u>		
	ress of the Incorporator is:		
Name:	Pablo R Bared Esq.	_	
Address:	201 Alhambra Circle, Suite 501		
	Coral Gables, FL 33134	_	
laving been name	d as registered agent to accept service of proces	s for the above stated corne	pration at the place designated i
iis certificate, I an	i familiar with and accept the appointment as reg	istered agent and agree to a	ect in this capacity
			January 7, 2021
	Required Signature Registered Agent		Date
submit this docur	nent and affirm-that the fucts stated herein are	true. I am aware that the	false information submitted in a
ocument to the De	partment of State constitutes a third degree felon	y as provided for in s.817.15	55, F.S.
	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
			January 7, 2021 Date
	Required Signature/Incorporator		Data