

SER/25/2015/FRI 11:38 AM
9/25/2015

P1500007954
Division of Corporations

P. 001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LOS BROTHERS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

15 SEP 25 PM 3:16

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TALLAHASSEE, FLORIDA

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FAX No.

P. 002

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: LOS BROTHERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

503 SW 17 AVE

MIAMI, FL 33135

Mailing address, if different is:

503 SW 17 AVE

MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NANCY ACOSTA (P/D)

Address: 503 SW 17 AVE

MIAMI, FL 33135

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NANCY ACOSTA
Address: 95 NW 16th AVE APT 4
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NANCY ACOSTA
Address: 95 NW 16th AVE APT 4
MIAMI, FL 33125

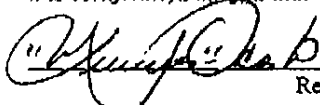
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

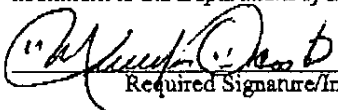
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

9/10/15
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.


Required Signature/Incorporator

9/10/15
Date