

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000080779 3)))



H160000807793ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

16 MAR 31 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA PROFIT/NON PROFIT CORPORATION
ALEIDA DELGADO & ASSOCIATES, INC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 31 PM 12: 36

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

J 4/1/14

ARTICLES OF INCORPORATION

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

H16000080779

16 MAR 31 PM 12:36

ARTICLE I NAME: The name of the corporation is:ALEIDA DELGADO & ASSOCIATES, INCSECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5315 SW 117 AveMIAMI FL 33175**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ALEIDA D DELGADO - President**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

ALEIDA D. DELGADO5315 SW 117 AVEMIAMI FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ALEIDA D. DELGADO5315 SW 117 AVEMIAMI FL 33175

H16000080779

H16000080779

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

Alinda Gelgado
Registered Agent

3/31/16
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.

Alinda Gelgado
Incorporator

3/31/16
Date

FILED
16 MAR 31 PM 12:36
TALLAHASSEE
FLORIDA

H16000080779