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PICK-UP WAIT MAIL

(Business Entity Name)

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FILED
16 APR 12 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: VALOR LATIN GROUP INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) 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 Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: KAUFMAN TAX & FINANCIAL INC.

Name (Printed or typed)

25 GETZIL BERGER BLVD # 301

Address

MONROE, NY 10950

City, State & Zip

845-783-9175 X 101

Daytime Telephone number

TAX@KAUFMANTAX.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)

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ARTICLE I NAME

The name of the corporation shall be: VALOR LATIN GROUP INC.

16 APR 12 PM 4:16

ARTICLE II PRINCIPAL OFFICE

Principal street address

8316 NW 14TH STREET

DORAL, FL 33126

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

to engage in any lawful act or activity for which a corporation may be organized under Law of Florida

ARTICLE IV SHARES

The number of shares of stock is: 200 No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE MALEH, PRESIDENT

Name and Title: _____

Address 8316 NW 14TH STREET

Address: _____

DORAL, FL 33126

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED

Name and Title: _____ Name and Title: 16 APR 12 PM 4:16
 Address _____ Address: SECRETARY OF STATE
 _____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: JOSE MALEH, PRESIDENT
 Address: 8316 NW 14TH STREET
DORAL, FL 33126

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOSE MALEH
 Address: 8316 NW 14TH STREET
DORAL, FL 33126

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 04/05/2016
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 04/05/2016
Date