P190000004997

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200333511542

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19 AUG 20 PH 4: 47

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19 AUG 20 PM 4: 5-2

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

Familia SUBJECT:	s Las Fuentes Corp						
SUBJECT:	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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				
		ADDITIONAL CO	PY REQUIRED				
FROM:	ex Pina						
1 KOW	Nam	e (Printed or typed)					
840	00 NW 36th St Ste 450						
	Address						
Do	ral, FL 33166						
_	City, State & Zip						
844	1.941.1120						
	Daytime 1	l'elephone number					
clie	nt@alexpina.co						
	E-mail address: (to be use	ed 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)

ARTICLET NAME	Familias Las Fuentes Cor	p .	
The name of the corporation sh	Familias Las Fuentes Cor all be:	10 400 0	-
ARTICLE II PRINCIPAL	OFFICE	19 AUG 20 PH I	4: 12:20
	ipal street address	Mailing address, if different is:	· 3/
7910 NW 25th St		<u> </u>	
Doral, FL 33122			
ARTICLE III PURPOSE	ANY A	ND ALL LAWFUL PURPOSE.	
the purpose for which the cor	poration is organized is		
			-
			
			
ARTICLE IV SHARES			
The number of shares of stock	10,000 is:		
The framework of block			
<u>ARTICLE V INITIAL OF</u>	<u>FICERS AND/OR DIRECTORS</u>	<u>3</u>	
Name and Title: Fabi	ana C Anez Leonardi - P	Name and Title:	
		tvanic and title.	
Address	NW 25th St	Address:	
Dora	l, FL 33122		
Name and Title:		Name and Title:	
Address		Address:	
			
			
Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title	Name and Title:	
Addres	ss	Address:	19 AUS 20 PH 4: 52	
ARTICI F VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT acce	otable) of the registered as	gent is:	
Name:	Alex Pina co.			
Address:	8400 NW 36th St Ste 450			
	Doral, FL 33166			
<u>ARTICLE VII</u>	INCORPORATOR			
The <u>name and</u>	address of the Incorporator is:			
Name:	Fabiana C Anez Leonardi			
Address:	7910 NW 25th St			
	Doral, FL 33122			
Effective date, i	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific an			
Note: If the da	te inserted in this block does not meet the ap effective date on the Department of State's r			
Having been no this certificate,	amed as registered agent to accept service of I am familiar with and accept the appointme	f process for the above st int as registered agent an	ated corporation at the place designated in d agree to act in this capacity	
	Atom		08/07/2019	
	Required Signature/Registered Ag	gent	Date	
	ocument and affirm that the facts stated he e Department of State constitutes a third deg			
老	- Anal		08/07/2019	
-064	to a signature/incorporator		Date	

. . . .