

**C19000067856**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H190000884163)))



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## To:

Division of Corporations  
Fax Number : 850-617-6381

## From:

Account Name : PEDRO LUZQUINOS  
Account Number : 120170000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-8807

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
SUPER EXITOS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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2019 MAR 15 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 MAR 15 AM 9:30

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## COVER LETTER

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

SUBJECT: SUPER EXITOS LLC

(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: NORMA GRANADO

Name (Printed or typed)

20201 NE 29TH CT APT D-336

Address

AVENTURA, FL 33180

City, State &amp; Zip

786-991-4391

Daytime Telephone number

PLUZQUINOSE@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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**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: SUPER EXITOS LLC

**ARTICLE II PRINCIPAL OFFICE**Principal street address  
20201 NE 29TH CT APT D-336

Mailing address, if different is:

AVENTURA, FL 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: GENERAL SERVICES, CLEANING, MOVING AND OTHERS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NORMA GRANADO (P)

Name and Title:

Address 20201 NE 29TH CT APT D-336

Address:

AVENTURA, FL 33180

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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2019 MAR 15 AM 9:30  
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TALLAHASSEE, FL

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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: NORMA GRANADO  
Address: 20201 NE 29TH CT APT D-336  
AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: NORMA GRANADO  
Address: 20201 NE 29TH CT APT D-336  
AVENTURA, FL 33180

**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 days prior or 90 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  
03-15-2019  
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  
03-15-2019  
Date

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