

TRANSMITTAL LETTER

P 00000000475

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

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-12/27/98--01044--006
*****78.75 *****78.75

SUBJECT:

La Hogareña Inc

(Proposed corporate name - must include suffix)

FILED
59 DEC 27 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is 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:

Javier Restrepo

Name (Printed or typed)

18441 SW 137 ct A

Address

Miami FL 33177

City, State & Zip

(305) 969-1280

Daytime Telephone number

F. CH-3087 JAN 4 1999

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

La Hogareña, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15441 SW 137ct
Miami FL 33177

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Clara Ines Restrepo
15441 SW 137 ct Miami FL 33177

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Javier Restrepo 15441 SW 137ct Miami FL 33177


Signature/Incorporator

12/23/99
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

12/23/99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC 27 AM 7:19

FILED