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(City, State, Zip)

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. La Tienda Sole International, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certificate of Status

00 OCT 17 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

00 OCT 17 AM 10:35  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10/17  
Examiner's Initials

**ARTICLES OF INCORPORATION  
LA TENDE DA SOLE INTERNATIONAL, INC.**

FILED  
00 OCT 17 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

The name of the corporation shall be: **LA TENDE DA SOLE INTERNATIONAL, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

10440 N.W. 37<sup>th</sup> Terrace  
Miami, Florida 33172

**ARTICLE III SHARES**

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

One thousand shares of common, voting stock.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**Frank Cucchiara Oliva**  
5841 West 3<sup>rd</sup> Avenue  
Hialeah, Florida 33012

## **ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these articles of Incorporation is(are):

**Frank Cucchiara Oliva**  
5841 West 3<sup>rd</sup> Avenue  
Hialeah, Florida 33012

**Remberto Lago**  
5841 West 3<sup>rd</sup> Avenue  
Hialeah, Florida 33012

## **ARTICLE VI DIRECTOR(S)**

The name(s) and street address(es) of the Director(s) to these Articles of Incorporation is(are):

<b>Frank Cucchiara Oliva, President, 51%</b>	<b>Remberto Lago, Vice-President, 49%</b>
<u>5841 West 3<sup>rd</sup> Avenue</u>	<u>5841 West 3<sup>rd</sup> Avenue</u>
<u>Hialeah, Florida 33012</u>	<u>Hialeah, Florida 33012</u>

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 13<sup>th</sup> day of October, 2000.

  
\_\_\_\_\_  
Signature  
**Frank Cucchiara Oliva**

  
\_\_\_\_\_  
Signature  
**Remberto Lago**

Articles of Incorporation  
Filing Fee - \$35.00

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **LA TENDE DA SOLE INTERNATIONAL, INC.**

2. The name and address of the registered agent and office is:

**Frank Cucchiara Oliva**

(NAME)

**10440 N.W. 37<sup>th</sup> Terrace**

(P.O. BOX NOT ACCEPTABLE)

**Miami, Florida 33172**

(CITY/STATE/ZIP)

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

*Frank Cucchiara Oliva*  
Frank Cucchiara Oliva

DATE

*October 13, 2000*

REGISTERED AGENT FILING FEE; \$35.00

FILED  
OCT 17 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA