

PO2000114554

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

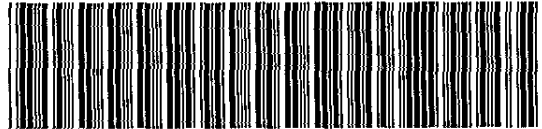
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02 OCT 24 PM 12:07

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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02 OCT 24 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

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

1. LELIAGUS CORPORATION  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2-00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input checked="" 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

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

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**LELIAGUS CORPORATION**

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We, the undersigned, hereby make, adopt, subscribe and acknowledge these Articles of Incorporation for the purpose of organizing and incorporating under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida providing for the formation, liability, rights, privileges and immunities of the corporation for profit.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I : NAME**

The name of the corporation shall be:

**LELIAGUS CORPORATION**

**ARTICLE II : PURPOSE**

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Florida.

**ARTICLE III: CAPITAL STOCK**

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$ 10.00 par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

**ARTICLE IV : INITIAL CAPITAL**

The amount of capital with which corporation shall begin business shall be \$ 600.00

**ARTICLE V : CORPORATE EXISTENCE**

The corporation shall exist perpetually unless dissolved according to law.

**ARTICLE VI: POST OFFICE ADDRESS**

The post office address of the principal office of this corporation shall be :

1725 NW 165 Avenue Pembroke Pines, Florida 33028

with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other address as the Board of Directors shall by resolution determine.

**ARTICLE VIII : NUMBER OF DIRECTORS**

The business of this corporation shall be conducted by a Board of Directors consisting initially of three directors.

The numbers of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number required by the laws of the State of Florida, as amended from time to time.

ARTICLE VIII : INITIAL DIRECTORS

Cesar Bettini	1725 NW 165 Avenue Pembroke Pines, Florida 33028
Lelia Troillet	1725 NW 165 Avenue Pembroke Pines, Florida 33028
Gustavo Raul Vidal	1725 NW 165 Avenue Pembroke Pines, Florida 33028

ARTICLE IX : OFFICERS

Cesar Bettini, President  
Lelia Troillet, Secretary / Treasurer  
Gustavo Raul Vidal, Vice-President

ARTICLE X: SUBSCRIBERS

The name and post office addresses of the subscribers to these articles are as follow :

N A M E	A D D R E S S
Cesar Bettini	1725 NW 165 Avenue Pembroke Pines, Florida 33028
Lelia Troillet	1725 NW 165 Avenue Pembroke Pines, Florida 33028
Gustavo Raul Vidal	1725 NW 165 Avenue Pembroke Pines, Florida 33028

ARTICLE XI : AMENDMENTS

Theses articles of incorporation may be amended from time to time in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders entitled to vote.

ARTICLE XII : REGISTERED OFFICE AND AGENT.

The initial address of the registered office of the corporation is:  
1725 NW 165 Avenue Pembroke Pines, Florida 33028  
and the registered agent is :  
Cesar Bettini

The undersigned has ( have ) executed these Articles of Incorporation this date:

  
Cesar Bettini, President

(Date) 10-23-2002

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of Section 607.0501, 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 :

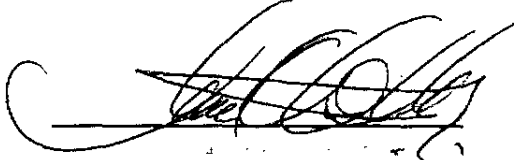
LELIAGUS CORPORATION

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

Cesar Bettini

1725 NW 165 Avenue  
Pembroke Pines, Florida 33028

SIGNATURE



TITLE

Cesar Bettini, President

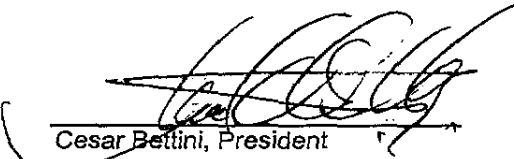
DATE

10-23-2002

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



DATE

10-23-2002