P03000045339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100016331131

04/22/03--01008--017 **87.50

FILED
03 APR 21 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

mc 4/23

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA 7 Días, Inc
(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: Oscar Junco
Name (Printed or typed)

241 Carlisle Dr.
Address

Miami Springs, Fl. 33166
City, State & Zip

305-863-6539
Daytime Telephone number

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

FILED

03 APR 21 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Florida 7 Dias, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

241 Carlisle Dr.
Miami Springs, Fl. 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in any activity or business permitted under the laws of the United States and of this sta

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Jennicer Alvis, Vicepresident
Oscar Junca, President

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Oscar Junca
241 Carlisle Dr.
Miami Springs, Fl. 33166

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Oscar Junca
241 Carlisle Dr.
Miami Springs, Fl. 33166

****

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.

Oscar Junca — 04/16/03
Signature/Registered Agent — Date

Oscar Junca — 04/16/03
Signature/Incorporator — Date