

P040000158123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

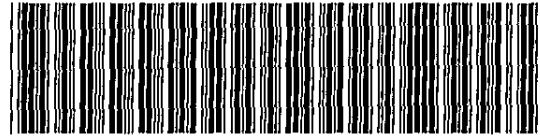
(Business Entity Name)

(Document Number)

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

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11/19/04--01045--012 \*\*78.75

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FILING OFFICE

APPROVED  
AND  
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NOV 19 PM 3:42  
SECRETARY OF STATE  
411 MASS ST, FLOOR 10B

CD 11-19  
W04-42660

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

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

OFFICE USE ONLY

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

1. DELICIAS PINARENAS BY MAMI  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 200

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 19, 2004

LAZARUS

SUBJECT: DELICIAS PINARENAS BY MIAMI  
Ref. Number: W04000042660

We have received your document for DELICIAS PINARENAS BY MIAMI and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

An effective date may be added to the Articles of Incorporation **if a 2005 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filings Section

Letter Number: 904A00065999

**ARTICLES OF INCORPORATION**  
**OF**  
**DELICIAS PINARENAS BY MAMI *Inc.***

APPROVED  
AND  
FILED

04 NOV 19 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, 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.

**ARTICLE I : NAME**

The name of the corporation shall be:

**DELICIAS PINARENAS BY MAMI *Inc.***

**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 :  
340 NW 12 Ave Miami, Florida 33128  
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 VII : NUMBER OF DIRECTORS**

The business of this corporation shall be conducted by a Board of Directors consisting initially of one director.

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

Luis Manuel Castro

340 NW 12 Ave  
Miami, Florida 33128

ARTICLE IX: OFFICERS

Luis Manuel Castro, 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

Luis Manuel Castro

340 NW 12 Ave  
Miami, Florida 33128

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:

340 NW 12 Ave Miami, Florida 33128

and the registered agent is :

Luis Manuel Castro

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



Luis Manuel Castro, President

(Date)

11/18/04

APPROVED  
AND  
FILED

04 NOV 19 PM 3:42

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 :

DELICIAS PINARENAS BY MAMI *Inc.*

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

Luis Manuel Castro

340 NW 12 Ave Miami, Florida 33128

SIGNATURE



TITLE

Luis Manual Castro, President

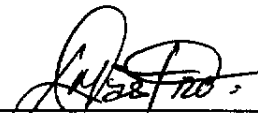
DATE

11/18/04

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



Luis Manual Castro, President

DATE

11/18/04