

PD5000078475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

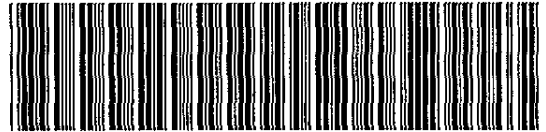
(Business Entity Name)

(Document Number)

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

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Office Use Only



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05/31/05--01025--019 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 MAY 31 PM 4:28

MRS w/r

# TRANSMITTAL LETTER

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

**SUBJECT:** LUISITA'S CORPORATION  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status <b>ADDITIONAL COPY REQUIRED</b>
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**FROM:** L. SOTOLONGO  
Name (Printed or typed)

1240 N. KROME AVENUE,  
Address

HOMESTEAD, FLORIDA 33030  
City, State & Zip

(305) 246-3779 / (305)246-3768  
Daytime Telephone number

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

**ARTICLE OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I**  
**NAME**

The name of the corporation should be:

**LUISITA'S CORPORATION**

**ARTICLE II**  
**PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1240 N. Krome Avenue, Homestead, Florida 33030

**ARTICLE III**  
**PURPOSE**

The purpose for which the corporation is organized is:

To engage in and carry on any business activities permitted under the laws of the United States of America and the State of Florida.

**ARTICLE IV**  
**INITIAL OFFICERS AND/OR DIRECTORS**

The number of shares of stock is: ONE HUNDRED (\$100.00)

**ARTICLE V**  
**INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

L. SOTOLONGO  
1240 N. KROME AVE  
HOMESTEAD, FL 33030  
PRESIDENT

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SECRETARY OF STATE  
ALLAH ROSE  
05 MAY 31 PM 4:28

**ARTICLE VI**  
**REGISTER AGENT**

The name and Florida street address (P. O. Box NOT acceptable) of the register agent is:

**L. SOTOLONGO**  
**1240 N. KROME AVENUE**  
**HOMESTEAD, FLORIDA 33030**

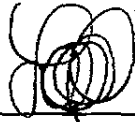
**ARTICLE VII**  
**INCORPORATORS**

The name and address of the Incorporator is:

**L. SOTOLONGO**

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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 to act in this capacity.



\_\_\_\_\_  
**L. SOTOLONGO**  
*Signature/ Register Agent*

05-27-2005



\_\_\_\_\_  
**L. SOTOLONGO**  
*Signature/Incorporator*

05-27-2005

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