

POS000113355

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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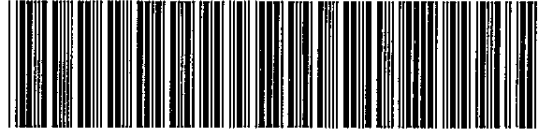
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 AUG 16 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG 16 PM 12:02

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LATIN MICELANIAS
(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: RAFAEL H DELGADO
Name (Printed or typed)

1517 LEVY AV. APT 209
Address

TALLAHASSEE FL 32310
City, State & Zip

(850) 519-0942
Daytime Telephone number

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

FILED

05 AUG 16 PM 12:13

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: **LATIN MICELANIAS INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**1517 LEVY AV. Apt 209
TALLAHASSEE FL 32310**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY all lawful business

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**RAFAEL H DEZGADO President
1517 LEVY AV. Apt 209
TALLAHASSEE FL 32310**

ARTICLE VI REGISTERED AGENT

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

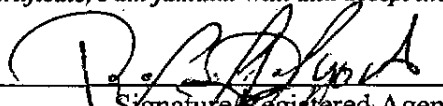
**RAFAEL H DEZGADO
1517 LEVY AV Apt 209
TALLAHASSEE FL 32310**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

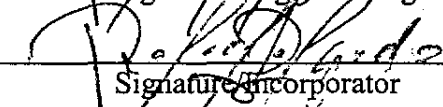
**RAFAEL H DEZGADO
1517 LEVY AV Apt 209
TALLAHASSEE FL 32310**

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



Signature Registered Agent

Date



Signature Incorporator

Date