

P10000087313

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☐ PICK-UP

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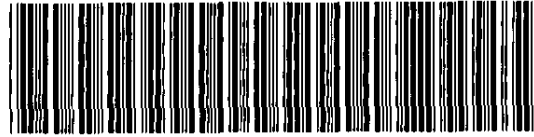
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600186907966

10/25/10--01031--012 **78.75

RECEIVED

10 OCT 25 AM 11:24

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

10 OCT 26 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. Delicias Handureñas INC
(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

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2010

LAZARUS

SUBJECT: DELICIAS HANDURENAS INC
Ref. Number: W10000050124

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

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

An effective date **may** be added to the Articles of Incorporation **if a 2011 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 corrected 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 010A00025182

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

10 OCT 26 AM 8:26

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE - NAME

The name of the corporation shall be:

DELICIAS HANDUREÑAS INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

**1424 NE 183RD ST
N. MIAMI BCH, FL 33179**

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**HENRY FLORES
1424 NE 183RD ST
N. MIAMI BCH, FL 33179**

APPROVED
AND
FILED

ARTICLE V- INCORPORATOR

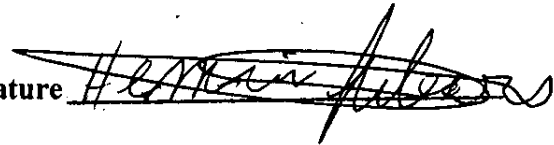
10 OCT 26 AM 8:26

The name and street address of the incorporator to these Articles of
Incorporation is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HENRY FLORES
1424 NE 183RD ST
N. MIAMI BCH, FL 33179

The undersigned incorporator has executed these Articles of incorporation
This 22ND day of OCT, 2010

Signature



ARTICLES VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of
Incorporation is (are):

HENRY FLORES (PRESIDENT)
1424 NE 183RD ST
N. MIAMI BCH, FL 33179

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

Having been named as Registered Agent and to accept service of process for the
above stated corporation at 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 related to the proper and complete
performance of my duties, and I am familiar with and accept the obligations of my
position as Registered Agent.

Registered Agent Signature

