

P10000094111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

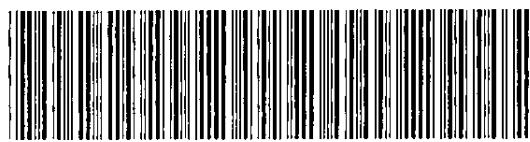
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

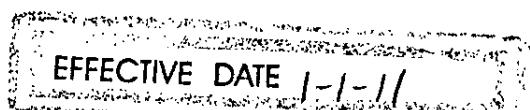
Special Instructions to Filing Officer:

Office Use Only



900187381399

11/17/10--01013--001 ***113.75



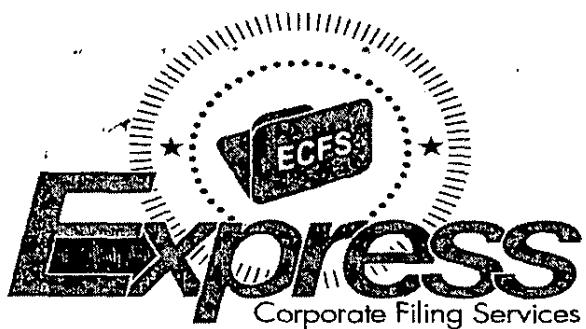
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

FILED

10 NOV 17 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 11-18-11



1000 Ponce De Leon Blvd - Suite 101

Coral Gables, FL 33134

Tel: 305-444-4994 - Fax: 305-444-4977

Email: filing@ecfsfiling.com

OFFICE USE ONLY

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

1. El Bulevard de las Palomas, Inc.

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

Walk in

Pick up time _____

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input checked="" 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

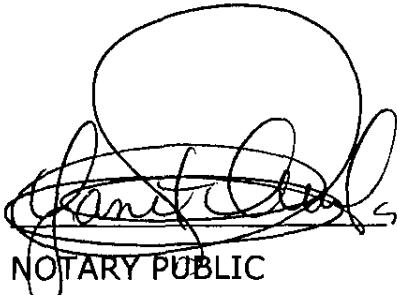
AFFIDAVIT

I REINALDO CONDOMINA FORMER PRSIDENT/DIRECTOR OF A EL BULAVARD DE LAS PALOMAS, INC. # P0800007347 HEREBY STATE THAT I HAVE NO INTENTIONS OF REVOCATING THE DISSOLVED CORPORATION AND THEREFORE RELEASE THE NAME TO EFREN ARAIS / EL BULAVARD DE LAS PALOMAS, INC



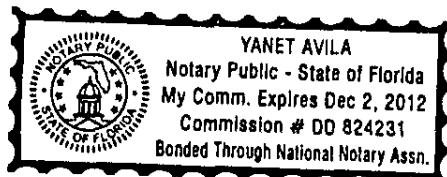
REINALDO CONDOMINA

STATE OF FLORIDA
COUNTY OF DADE



NOTARY PUBLIC
YANET AVILA

SEAL:



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: **EL BULEVARD DE LAS PALOMAS, INC.**
EFFECTIVE DATE: JANUARY 1, 2011

ARTICLE II PRINCIPAL OFFICE

Principal street address
6791 SW 8 STREET
MIAMI FL 33144

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

FLORIDA DEPARTMENT OF STATE
REGISTRATION OF BUSINESS FIRMS
TO NOV 17 AM 8:08

FILED

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **EFREN ARIAS (P/D)**
Address: **6791 SW 8 STREET**
MIAMI FL 33144

Name and Title: _____
Address: _____

EFFECTIVE DATE /-/-/

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **EFREN ARIAS**
Address: **6791 SW 8 STREET**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **EFREN ARIAS**
Address: **6791 SW 8 STREET**
MIAMI FL 33144

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

EFREN ARIAS

Required Signature/Registered Agent

11-16-2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

EFREN ARIAS

Required Signature/Incorporator

11-16-2010

Date