

P10000094111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

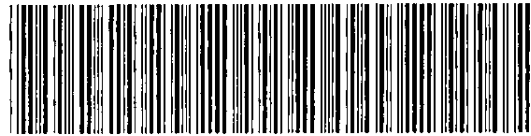
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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EFFECTIVE DATE 1-1-11

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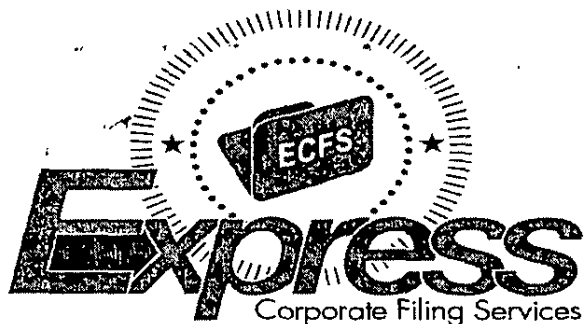
CLERK OF SUPREME COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 11/18/10



1000 Ponce De Leon Blvd - Suite 101

Coral Gables, FL 33134

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

Email: [filing@ecfsfiling.com](mailto:filing@ecfsfiling.com)

OFFICE USE ONLY

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

1. El Boulevard 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 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

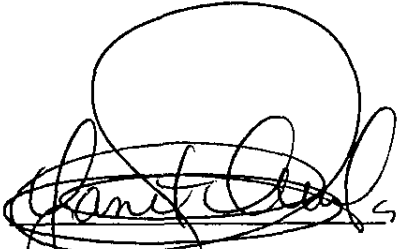
## AFFIDAVIT

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

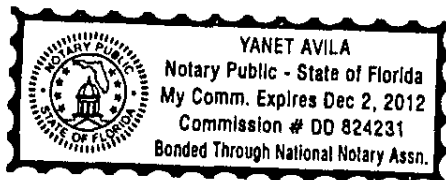
STATE OF FLORIDA  
COUNTY OF DADE



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

**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:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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**

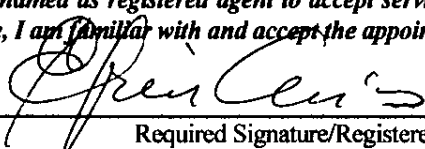
The name and address of the Incorporator is:

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

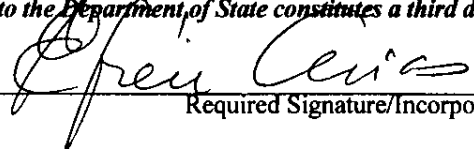


Required Signature/Registered Agent

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.



Required Signature/Incorporator

11-16-2010

Date

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

EFFECTIVE DATE 1-1-11