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. COVER LETTER

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

_{SUBJECT:} Mi Casa, Corp.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Llayme C. Alvarez	e (Printed or typed)
4983 Summit Boulevard,	Address Address
West Palm Beach, FL 3	HASSEE 13415
561-472-4307 Daytime Te	State & Zip Pelephone number
E-mail address: (to be used	d for future annual report notification)

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

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

ARTICLE, I The name of the co	NAME Mi Bella Casa, Corp. orporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing ad	dress, if different is:
	1983 Summit Boulevard		
F	Vest Palm Beach, Florida 33415		
ARTICLE III			
	hich the corporation is organized is:		
To conduct a	ny business and all business in the	state of Florida	
ARTICLE IV The number of sha	SHARES res of stock is:100		
	INITIAL OFFICERS AND/OR DIRECTO	nps	
Name and T	itle: Llayme C. Alvarez 4983 Summit Boulevard,	Name and Title:	
Address:	4983 Summit Boulevard.	Address:	
	West Palm Beach, FL 33415		
Name and T	itle:	Name and Title	
Address:			
Name and T	itle:	Name and Title:	
Address:		Address:	
			·rt
ARTICIJE VI	REGISTERED AGENT		A SECOND
	rida street address (P.O. Box NOT acceptable)	of the registered agent is:	⊅ ♯ ∠
Name:	Llavme C. Alvarez		
Address:	4983 Summit Boulevard,	**************************************	SSE 21
	West Palm Beach, Fl. 33415	<u> </u>	T ≥ m
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	tress of the Incorporator is:		
Name:	Llayore C. Awarez	- Tribution	
Address:	west falm Band F1 3775		
			
	ed as registered agent to accept service of proc m familiar with and accept the appointment as t		
	Required Signature/Registered Agent		Date
submit this docu locument to the D	ment and affirm that the facts stated herein a epartment of State constitutes a third degree fel	are true. I am aware that the fo ony as provided for in s.817.155	alse information submitted in a i, F.S.
	SHH		a las
· · · · · · · · · · · · · · · · · · ·	Required Signature/Incorporator /	1111 1 Aa. 6	01/18/2010
	vedamen pikustma, menthotstot. \\	elistres men	Daig