# P11000010851

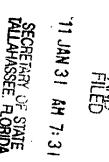
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### **COVER LETTER**

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

## SUBJECT: MS. HISPANIDAD ESTRELLAS DE LA CALLE 8 CORPORATION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti	cles 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: ELOY APARICIO	e (Printed or typed)
1465 SW 8TH STREET	STE 104
MIAMI FLORIDA 33135	Address  State & Zip
305-392-0798	
	elephone number
NORAMA@CCC8.ORG E-mail address: (to be used	d for future annual report notification)

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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2011

ELOY APARICIO 1465 SW 8TH STREET STE 104 MIAMI, FL 33135

SUBJECT: MS. HISPANIDAD ESTRELLAS DE LA CALLE 8. CORPORATION

Ref. Number: W11000002411

We have received your document for MS. HISPANIDAD ESTRELLAS DE LA CALLE 8. CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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: 711A00001243

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

The name of the con	NAME MS. HISPANIDAD Exporation shall be:	ESTRELLAS DE LA	A CALLE 8. Coepo	extion.
	PRINCIPAL OFFICE			
MATIONE II	Principal street address	N	Mailing address, if different is	<b>s</b> :
1	465 SW 8TH STREET	SAME	· ····································	
_	TE 104	<u> </u>		
	IIAMI FL. 33135			
ARTICLE III				
The purpose for w	hich the corporation is organized is:			
	d Calle 8 sidewalk "stars" salutes			
	alk "stars" are provided by the Ca			
movie actors,	radio, TV, & stage performers, d	lirectors, singers, s	songwriters, and oth	er
well-known pe	ersonalities. In addition a yearly l	peauty pageant na	med Ms. Espanidad	Estrellas
	pe sponnsor by the Calle 8 Cham			
ARTICLE IV	SHARES # 1			
The number of shar		` "	* • •	
	INITIAL OFFICERS AND/OR DIREC			
	tle: DR. ELOY APARICIO PRESID	<b><u>NENI</u></b> Name and Title:	DR. CALIXTO GARCIA V	ISE-PRESIDENT
Address:	1465 SW 8TH STREET STE 10		1465 SW 8TH STRE	<u>=1 51E 104</u>
	STE 104		STE 104	<u></u>
	MIAMI FL 33135		MIAMI EL 33135	-
Name and Ti	tle: MARTA FLORES DIRECTOR	Name and Title:	DR. GLORIA TOBAR	SECRETARY
Address:	1465 SW 8TH STREET STE 1		1465 SW 8TH STREE	
	STE 104		STE 104	
	MIAMI FL.33135	<del></del>	MIAMLEL 33135	
	itle: MAGALYS GARCIA DIRECTO		:ALEX APARICIO TR	ESURER ET OTE 404
Address:	1465 SW 8TH STREET STE 1		1465 SW 8TH STRE	ETSTE 104
	STE 104	<del></del>	STE 104 MIAMI FL.33135	
	MIAMLEL 33135	<del></del>	MIAMI FL.33 I35	
ARTICLE VI	REGISTERED AGENT			
The name and Flo	rida street address (P.O. Box NOT accepta	ble) of the registered ager	nt is:	
Name:	NILDA ORAMA	<u> </u>	FÖ	· قــ
Address:	1465 SW 8TH STREET STE	104_	<b>₹</b> ₩	JAN E
	MIAMI FL 33135		ASS	$\omega$ I
ADMIGI B III	T17000000000000000000000000000000000000		<b>%</b> ₹	
ARTICLE VII	INCORPORATOR		<u> </u>	
	dress of the Incorporator is:		70.0	
Name: Address:	ELOY APARICIO 1465 SW 8TH STREET STE	104	<b>∑</b>	
Addiess.	MIAMI FL.33135	- <del>  US</del>	₽₩	<u></u>
	•	<del></del>		
	ed as registered agent to accept service of p			e designated in
this certificate, I a	m familiar with and accept the appointment	as registered agent and a	agree to act in this capacity	
111 1	4		1	/
Wildus. OF	AMA de HUPPFIT		12/21	<u>//0</u>
	Required Signature/Registered Age	nt	/ D⁄a	ite
			that the false information	submitted in a
	iment and affirm that the facts stated here epartment of State constitutes a third degree			suvinuieu ili u
aucument to the D	- / ,	s seeding as provided for a	19 GIVI /11 JJ, E 11J1	
Z 1/11/2	Abrain On		12.	2414
<u>xuy</u>	Required Signature/Incorporator		<del></del>	Z $\sqrt{\sqrt{4}}$
/	. // require digitalate involporator		ι.	