

P11000022879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

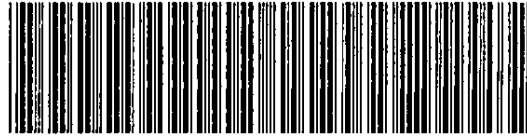
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. Shivers MAR 09 2011

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11-10797

COVER LETTER

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

SUBJECT: MI SAUOR LATINO C.D  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM: MAX HOLCHER  
Name (Printed or typed)  
4210 3RD AVE NW  
Address  
NAPLES, FLORIDA 34119  
City, State & Zip  
239-262-4903  
Daytime Telephone number  
maxholcher@gmail.com  
E-mail address: (to be used for future annual report notification)

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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 NAME

The name of the corporation shall be: MI SAUOR LATINO CD, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

951 BRICKELL AVENUE #4106  
MIAMI, FL 33131

Mailing address, if different is:

4210 3RD AVE NW  
NAPLES, FLORIDA 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all legal business  
allowed by the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS PEREZ, PRES. Name and Title: \_\_\_\_\_

Address: 951 BRICKELL AVENUE #4106 Address: \_\_\_\_\_

MIAMI, FL 33131

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: Max Holder

Address: 4210 3RD AVE NW  
NAPLES, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Max Holder

Address: 4210 3RD AVE NW  
NAPLES, FLORIDA 34119

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

Max Holder  
Required Signature/Registered Agent

2-14-11  
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.

Max Holder  
Required Signature/Incorporator

2-14-11  
Date

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