## P/1000073876

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Fi	iling Officer:	





300211044403

08/17/11--01026--005 \*\*87.50

11 AUG 17 AM 10: 59
SECRETARY OF STATE

MRJ 8/18

## **COVER LETTER**

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

SUBJECT: LOVAL ENTERI	PRISES, INC.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: YASBEL LOPEZ ACEVEName	EDO (Printed or typed)	
10015 S.W. 215 STREE	Γ	·
	Address 89 State & Zip	
(786) 547-8870  Daytime Te	elephone number	
yasbelac255@hotmail.co E-mail address: (to be used	m for future annual report	notification)

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

FILED

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

	NAME	LOVAL ENTERP	RISES, INC.	11 AUG 17 AM 11:00
The name of the	corporation shall be:			SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing address if different is:
ARTICLE II	PRINCIPAL OF	FICE		IALLAHASSEE, FI ORIGINALE
	Principal stre			Mailing address, if different is:
	10015 S.W. 215	Street	same	as principal address
	Cutler Bay, Florid	la 33189		
			-	
ARTICLE III				
	which the corporation al corporation.	n is organized is:		
ARTICLE IV	SHARES			
The number of sl	hares of stock is: One	hundred (100) sha	res of common	stock, par value \$1.00 per share
ARTICLE V	INITIAL OFFIC	ERS AND/OR DIREC	TORS	
Name and		ez Acevedo, Directo		le: Yasbel Lopez Acevedo, Presid
Address:		215 Street		10015 S.W. 215 Street
	Cutler Bay,	Florida 33189	<del></del>	Cutler Bay, Florida 33189
Name and	Title: Alfredo Pod	riquez Valmana, Dire	ector Name and Tit	le Yashel Lonez Acevedo, Secret
Address:	10015 S W	215 Street	Address:	le: Yasbel Lopez Acevedo, Secret 10015 S.W. 215 Street
rtuuress.	Cutler Bay	Florida 33189	/100/000	Cutler Bay, Florida 33189
Name and				le:Alfredo Rodriguez Valmana, Trea
Address:			Address:	10015 S.W. 215 Street
				Cutler Bay, Florida 33189
ARTICLE VI	REGISTERED A	AGENT		
		(P.O. Box NOT acceptab	le) of the registered ag	gent is:
Name:	Yasbel Lop	oez Acevedo		
Address:		V. 215 Street		
	Cutler Bay	, Florida 33189		
	INCORPORATO	<u>)R</u>		
ARTICLE VII				
The name and a	ddress of the Incorpor			
The <u>name and a</u> Name:	Yasbel Lop	nez Acevedo	<del></del>	
The name and a	Yasbel Lor 10015 S.W	nez Acevedo 7. 215 Street 7. Florida 33189		
The name and a Name: Address:  Having been na	Yasbel Lop 10015 S.W Cutler Bay med as registered age	. 215 Street , Florida 33189 ent to accept service of pr		stated corporation at the place designated d agree to act in this capacity
The name and a Name: Address:  Having been na	Yasbel Lop 10015 S.W Cutler Bay med as registered age	. 215 Street , Florida 33189 ent to accept service of pr		d agree to act in this capacity
The name and a Name: Address:  Having been nathis certificate, I	Yasbel Lor 10015 S.W Cutler Bay med as registered age am familiar with and	. 215 Street , Florida 33189 ent to accept service of pr	s registered agent and	
The name and a Name: Address:  Having been na this certificate, I  Lopez Ace I submit this do	Yasbel Lor 10015 S.W Cutler Bay med as registered age am familiar with and evedo Required Si cument and affirm th	1. 215 Street 2. Florida 33189 2. Ent to accept service of produce accept the appointment accept the accept the appointment accept the accept the accept the appointment accept the accept	s registered agent and	August 12, 2011  Date  re that the false information submitted in
The name and a Name: Address:  Having been na this certificate, I  Lopez Ace I submit this do	Yasbel Lor 10015 S.W Cutler Bay med as registered age am familiar with and evedo Required Si cument and affirm th	2.215 Street  The Florida 33189  The to accept service of proportion of the appointment and accept the appointment and accept the facts stated hereing that the facts stated hereing the facts accepted the facts stated hereing the facts accepted t	s registered agent and	August 12, 2011  Date  re that the false information submitted in