

P11000079887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

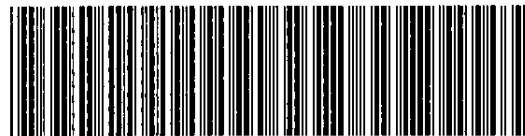
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/23/11--01014--007 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP -6 PM 3:30



W11000011179 9/8
KES

COVER LETTER

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

SUBJECT: THREE SISTER'S STREET CORP.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: OSORIO DE CORDERO, WELKYS
Name (Printed or typed)

11046 W FLAGLER STREET
Address

MIAMI, FL 33174
City, State & Zip

7865366496
Daytime Telephone number

INFO@MARTORELLOFFICE.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2011

WELKYS OSORIO DE CORDERO
11046 W FLAGLER ST
MIAMI, FL 33174

SUBJECT: SISTER'S STREET CORP
Ref. Number: W11000011179

We have received your document for SISTER'S STREET CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 511A00004803

This are the documents fixed with a
different name. Thanks
Welkys.

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

ARTICLE I NAME THREE SISTER'S STREET CORP.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 11046 W FLAGLER ST
MIAMI, FL 33174
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
THIS CORPORATION MAY ENGAGE IN ANY ACTIVITY OF BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES
The number of shares of stock is: 100

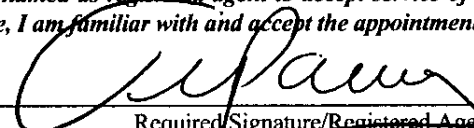
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: OSORIO DE CORDERO, WELKYS (P) Name and Title: _____
Address: 11046 W FLAGLER ST Address: _____
MIAMI FL 33174
Name and Title: CORDERO, JUAN DOMINGO (MANAGER) Name and Title: _____
Address: 11046 W FLAGLER ST Address: _____
MIAMI, FL 33174
Name and Title: OSORIO, ZANDRA DAMARIS (MANAGER) Name and Title: _____
Address: 11046 W FLAGLER ST Address: _____
MIAMI, FL 33174

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: OSORIO DE CORDERO, WELKYS
Address: 11046 W FLAGLER ST
MIAMI, FL 33174

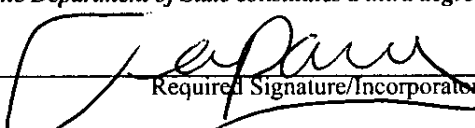
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: OSORIO DE CORDERO, WELKYS
Address: 11046 W FLAGLER ST
MIAMI, FL 33174

11 SEP - 6 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____ Date: 08/31/2011

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 _____ Date: 08/31/2011