

P12000008372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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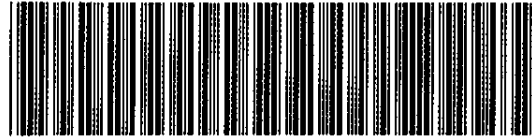
(Business Entity Name)

(Document Number)

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

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12 JAN 24 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
1/25/12

## COVER LETTER

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

SUBJECT: 10811 SW 32 STREET, INC.

(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: YARA GUARDIOLA

Name (Printed or typed)

801 BRICKELL KEY BLVD. #502

Address

MIAMI, FLORIDA. 33131

City, State & Zip

786-290-5817

Daytime Telephone number

ITA3@LIVE.COM

E-mail address: (to be used 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 NAME** 10811 SW 32 STREET, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
801 BRICKELL KEY BLVD. #502  
MIAMI, FLORIDA 33131

Mailing address, if different is:  
801 BRICKELL KEY BLVD. #502  
MIAMI, FLORIDA 33131

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
MANAGEMENT

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: YARA GUARDIOLA  
Address: 801 BRICKELL KEY BLVD. #502  
MIAMI, FLORIDA 33131  
PRESIDENT

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: ANDRE RODRIGUEZ-ROIG  
Address: 801 BRICKELL KEY BLVD. #502  
MIAMI, FLORIDA 33131

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: YARA GUARDIOLA  
Address: 801 BRICKELL KEY BLVD. #502  
MIAMI, FLORIDA 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YARA GUARDIOLA  
Address: 801 BRICKELL KEY BLVD. #502  
MIAMI, FLORIDA 33131

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

01/19/2012

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.

Required Signature/Incorporator

01/19/2012

Date

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12 JAN 24 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA