

P12000059110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

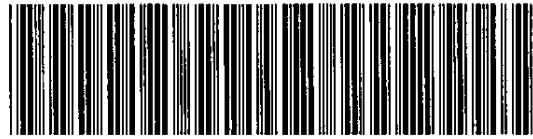
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12 JUL -2 PM 2:40

REVISION OF REGISTRATION

7/5

COVER LETTER

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

SUBJECT: LITTLE LATINA PERSONAL SERVICES, 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: Mania I. Bermudez
Name (Printed or typed)

1610 Salzedo st Ap 5
Address

Coral Gables, FL 33134
City, State & Zip

786-985-0996
Daytime Telephone number

maisabel br@hotmail.com
E-mail address: (to be used for future annual report notification)

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

Money Order # 203770 7342

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: LITTLELATINA PERSONAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1610 SALZEDO ST. AP 5
Coral Gables, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: commercial and Residential Cleaning,
Office and Building Management

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mania I Bermudez
Address: President
1610 Salzedo St AP 5
Coral Gables, FL 33134

Name and Title: Juana Rivers/Vice-Pres
Address: 1610 Salzedo St AP 5
Coral Gables, FL 33134

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: Mania I Bermudez
Address: 1610 Salzedo St. AP 5
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mania I Bermudez
Address: 1610 Salzedo St. AP 5
Coral Gables, FL 33134

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DIVISION OF CORPORATIONS

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

06-25-12
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

06-25-12
Date

Money order 20237107342