

P12000070679

(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

2544-

W12000041709



200238079912

08/08/12--01011--007 **78.75

FILED
12 AUG 13 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 8/16

COVER LETTER

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

CORRECTED

SUBJECT: La Esquina Latina de Tampa

(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: Ilene Figueroa

Name (Printed or typed)

3315 W. PINE ST

Address

TAMPA, FL 33607

City, State & Zip

813-416-2977

Daytime Telephone number

ilene0513@msn.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

August 9, 2012

ILENE FIGUEROA
3315 W. PINE STREET
TAMPA, FL 33607

SUBJECT: LA ESQUINA LATINA, INC.
Ref. Number: W12000041709

We have received your document for LA ESQUINA LATINA, INC. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 912A00020668

Ilene Figueroa
3315 W. Pine Street
Tampa, FL 33607
ilene0513@msn.com

RECEIVED
12 AUG 13 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 10, 2012

Department of State
New Filing Section
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Attention: Ms. Carissa Golden

Re: W12000041709

Dear Ms. Golden,

My original request was denied. When I called your office, I was told to change the name and return my request to you.

Please find enclosed the corrected forms for your approval.

I appreciate your help.

Sincerely,



Ilene Figueroa

Enclosure: One

FILED
12 AUG 13 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

La Esquina Latina de Tampa, *INC.*
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3315 W. Pine Street
Tampa, FL 33607

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ilene Figueroa/President
Address: 3315 W. Pine Street
Tampa, FL 33607

Name and Title: _____
Address: _____

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: Ilene Figueroa
Address: 3315 W. Pine Street
Tampa, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ilene Figueroa
Address: 3315 W. Pine Street
Tampa, FL 33607

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

08/10/2012

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

08/10/2012

Date

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12 AUG 13 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA