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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H130001004753ABCV

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
Phone : (305) 871-0889  
Fax Number : (305) 870-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
LDL REPRESENTACIONES, INC

Certificate of Status	1
Certified Copy	0
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13 MAY -7 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 8 2013

## COVER LETTER

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

SUBJECT: **LDL REPRESENTACIONES, 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: **YANELLE M BARINAS**

Name (Printed or typed)

**5701 NW 36 ST**

Address

**MIAMI, FL 33166**

City, State & Zip

**305-871-0889**

Daytime Telephone number

**BARINASB@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

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



May 6, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BARINAS & ASSOCIATES INC

SUBJECT: LDL REPRESENTACIONES, INC  
REF: W13000026619

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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 further questions concerning your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H13000100475  
Letter Number: 113A00010960

May 6, 2013  
Miami, Florida

Dear Sir/Madam:

I, MAYGUALIDA PALOMINO, vice president/owner of LDL Representaciones, Inc. with Document number P11000032884 hereby relinquish the company name to be used to incorporate a new company with the same name. The new company will be associated with the previous company by its owners.

Please contact me at (305)871-0889 should you require further information or have any concerns.

Kind Regards,

  
MAYGUALIDA PALOMINO

**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: LDL REPRESENTACIONES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7853 SW 161 PL

MIAMI, FL 33193

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

Name and Title:

PRESIDENT

Name and Title:

Address

LUIS D LUGO

Address:

7853 SW 161 PL

MIAMI, FL 33193

Name and Title:

VICE PRESIDENT

Name and Title:

Address

MAYGUALIDA PALOMINO

Address:

7853 SW 161 PL

MIAMI, FL 33193

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
MIAMI

(cont.)

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: LUIS D LUGO  
Address: 7853 SW 161 PL  
MIAMI, FL 33193

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LUIS D LUGO  
Address: 7853 SW 161 PL  
MIAMI, FL 33193

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

04/26/2013

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 § 817.155, F.S.

  
Required Signature/Incorporator

04/26/2013

Date

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SECRETARY OF STATE