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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 08/08/13

COVER LETTER

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

SUBJECT: Llamada Real, 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: Gustavo Zeine

Name (Printed or typed)

304 Indian Trace #610

Address

Weston, FL 33326

City, State & Zip

954-727-1623

Daytime Telephone number

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
The name of the corporation shall be: Llamada Real, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 304 Indian Trace #610
Weston, FL 33326
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any legal commercial activity

ARTICLE IV SHARES
The number of shares of stock is: 100 \$10 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Gustavo Zeine/PN/D/S/T</u>	Name and Title:	_____
Address:	<u>304 Indian Trace #610</u> <u>Weston, FL 33326</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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TALLAHASSEE, FLORIDA

(conti.)

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: Gustavo Zeine
 Address: 304 Indian Trace #610
Weston, FL 33326

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gustavo Zeine
 Address: 304 Indian Trace #610
Weston, FL 33326

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

07/31/2013
 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 s.817.155, F.S.

 Required Signature/Incorporator

07/31/2013
 Date