## P130000744890

(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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STATE OF STA

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## **COVER LETTER**

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

SUBJECT: 5250 Holdings Corp				
(PROPOSED CORPORAT	E NAME – MUST INCLI	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	l a check for:		
\$70.00 T \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL CO			
FROM: Pablo Lopez	(Printed or typed)			
5250 SW 76th Stre	et			
Address				
Miami, Florida 33143				
City, State & Zip				
305-213-9415				
Daytime Te	lephone number			
pablo.lopez620@gma				
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)

The name of the corporat	ion shall be: 5250 Holdings Co	orp	
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address	; if different is:
5250 SW 76th			
Miami, Florida	33143		
ARTICLE III PUR. The purpose for which to purpose of tra	POSE he corporation is organized is: This co	orporation is organiz business.	ed for the
			<u> </u>
			<b>4 3 3 3 3 3 3 3 3 3 3</b>
ARTICLE IV SHA	RES 400		9
ARTICLE IV SHA The number of shares of	stock is: 100		(2) (3) (4) (4)
	TAL OFFICERS AND/OR DIRECTO	<u>RS</u>	AM IN: 42
Name and Title	Pablo Lopez, President	Name and Title:	
Address	5250 SW 76th Street	Address:	<u> -</u>
	Miami, Florida 33143		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name a	nd litte:	Name and Title:
Addres		Address:
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Pablo Lopez	
Address:	5250 SW 76th Street	_
	Miami, Florida 33143	
ARTICLE VII	INCORPORATOR	3 <b>%</b> Company of the
The name and a	address of the Incorporator is:	9
Name:	Pablo Lopez	
Address:	5250 SW 76th Street	AM 90 42
	Miami, Florida 33143	
	amed as registered agent to accept service of proc any familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity $Q /20/12$
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
	allfon	8/30/13
•	Required Signature/Incorporator	Date