

PI3000074890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP -9 AM 10:42

9/12  
JF

**COVER LETTER**

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

SUBJECT: 5250 Holdings Corp

(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: Pablo Lopez

Name (Printed or typed)

5250 SW 76th Street

Address

Miami, Florida 33143

City, State & Zip

305-213-9415

Daytime Telephone number

pablo.lopez620@gmail.com

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: 5250 Holdings Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5250 SW 76th Street

Miami, Florida 33143

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is organized for the purpose of transacting any or all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Pablo Lopez, President Name and Title: \_\_\_\_\_

Address: 5250 SW 76th Street Address: \_\_\_\_\_  
Miami, Florida 33143 Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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DIVISION OF CORPORATIONS  
13 SEP -9 AM 11:42

(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: Pablo Lopez

Address: 5250 SW 76th Street

Miami, Florida 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

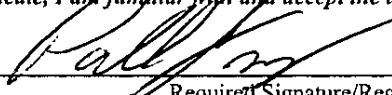
Name: Pablo Lopez

Address: 5250 SW 76th Street

Miami, Florida 33143

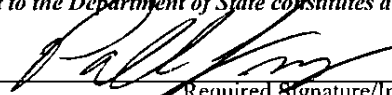
13 SEP - 9 AM 01:42  
 DIVISION OF CORPORATIONS  
 SECRETARY OF STATE

*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

8/30/13  
 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

8/30/13  
 Date