

P14000034879

(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:

Lucila Tnsausti **GAVE**

**AUTHORIZATION BY PHONE TO**

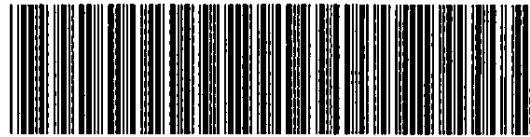
**CORRECT** Shares

**DATE** 4/18/14

**DOC. EXAM** VH

6714-23590

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04/11/14--01004--014 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
2014 APR 17 PM 1:28

VH

## COVER LETTER

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

SUBJECT: **LINSARO CO.**

(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: **AGUSTIN ROIG AND LUCILA INSAUSTI**

Name (Printed or typed)

**2451 BRICKEL AVE SUITE CAFE**

Address

**MIAMI, FL. 33129**

City, State & Zip

**786-853-0364**

Daytime Telephone number

**ROIGAGUSTIN@ME.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

April 14, 2014

AGUSTIN ROIG AND LUCILA INSAUSTI  
2451 BRICKEL AVE SUITE CAFE  
MIAMI, FL 33129

SUBJECT: LINSARO CO.  
Ref. Number: W14000023590

We have received your document for LINSARO CO. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 714A00007997

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: LINSARO CO.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2451 BRICKEL AVE

SUITE CAFE

MIAMI, FL 33129

Mailing address, if different is:

2014 APR 17 PM 1:28

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: RESALE/RETAIL

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: AGUSTIN ROIG-PRESIDENT

Address: 1022 HUNTING LODGE DR  
MIAMI SPRINGS, FL 33166

Name and Title: LUCILA INSAUSTI-VICE PRESIDENT

Address: 1022 HUNTING LODGE DR  
MIAMI SPRINGS, FL 33166

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

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

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

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

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

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

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

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

(conti.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: AGUSTIN ROIG  
Address: 1022 HUNTING LODGE DR  
MIAMI SPRINGS, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LUCILA INSAUSTI  
Address: 1022 HUNTING LODGE DR  
MIAMI SPRINGS, FL 33166

*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

4/7/14  
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

4/7/14  
Date

*Lucila Insausti*