

P14 000073603

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000207599 3)))



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To:

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

From:

Account Name : LISETTE PIE SALAZAR PA
Account Number : I20120000076
Phone : (305) 361-6161
Fax Number : (305) 361-6168

****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
LOUPS Corp.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
14 SEP -4 PM 1:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
14 SEP -4 PM 12:34
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

9/5/14

Fax:

Sep 4 2014 10:46am P002
● (((H14000207599 3)))

COVER LETTER

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

SUBJECT: LOUPS 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: Lisette Salazar PA

Name (Printed or typed)

200 Crandon Blvd #311

Address

Key Biscayne, FL 33149

City, State & Zip

305-361-6161

Daytime Telephone number

kpol@lpsalazarlaw.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP -4 PM 1:41

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

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Fax:

Sep 4 2014 10:46am P003

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: **LOUPS Corp.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1300 Brickell Bay Drive, Apt 1201
Miami, FL 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Any and all lawful purpose**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Mariana Lobos - Director**

Address: **1300 Brickell Bay Drive, Apt 1201**
Miami, FL 33131

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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14 SEP -4 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H14000207599 3)))

Fax:

Sep 4 2014 10:47am P004

(((H14000207599 3)))

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: Lisette Salazar, Esq.
Address: 200 Crandon Blvd #311
Key Biscayne, FL 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisette Salazar, Esq.
Address: 200 Crandon Blvd #311
Key Biscayne, FL 33149

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 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 Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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