

P14000 074627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

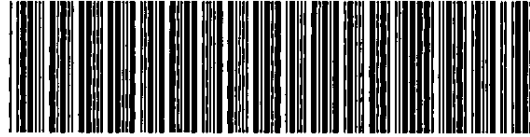
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400263649494

09/08/14--01014--020 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP - 8 PM 2:38

APPROVED
AND
FILED

114

COVER LETTER

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

SUBJECT: _____

LaDiv 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: _____

Aramys Bencomo

Name (Printed or typed)

16604 NW 72nd Ct.

Address

Miami Lakes, FL 33014

City, State & Zip

305-206-3669

Daytime Telephone number

info.ladiv@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: LaDiv, corp

14 SEP -8 PM 2:38

ARTICLE II PRINCIPAL OFFICE

Principal street address

16604 NW 72nd Ct.
Miami Lakes, FL 33014

SECRETARY OF STATE
Mailing address, if different is:

(same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aramys Bencomo → (Chief Executive Officer)
Address: 16604 NW 72nd Ct.
Miami Lakes, FL 33014

Name and Title: Annav Vidal → (Chief Financial Officer)
Address: 495 W. 42nd St
Hialeah, FL 33012

Name and Title: Maria Vidal → (Chief operations officer)
Address: 495 W. 42nd St
Hialeah, FL 33012

APPROVED
AND
FILED (cont.)

14 SEP -8 PM 2:38

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Aramys Bencomo
Address: 16004 NW 72nd Ct.
Miami Lakes, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

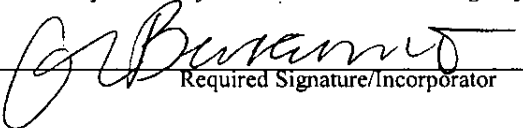
Name: Aramys Bencomo & Armay Vidal
Address: 16004 NW 72nd Ct.
Miami Lakes, FL 33014

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

07/29/14
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

07/29/14
Date