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(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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COVER LETTER

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

SUBJECT:	FINISSIMA HAB	BANA, INC.	
	(PROPOSED CORPOR	CATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	riginal and one (1) copy of the a	articles of incorporation and	d a check for:
\$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	FINISSIMA HABA	ANA, INC.	
	42 EAST 10 ST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	- to the confidence of the state of the stat	Address	
	HIALEAH FL. 330		
	Ci	ty, State & Zip	A
	786-925-9936		

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

Daytime Telephone number

lolanager@yahoo.com
E-mail address: (to be used for future annual report notification)

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

ARTICLE I The name of the co	NAME proration shall be: Finnisima Hab	pana, Inc.		
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:		
42 East 10	St			
Hialeah FL	33010	<u> </u>		
The purpose for w	PURPOSE high the corporation is organized is:	AIL, SALES		

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	·			1
The number of sha	res of stock is: TOO		26	***
	ics of stuck is,			
	INITIAL OFFICERS AND/OR DIRECT			
	12 Fact 10 St			
Address	Hialeah Fl. 33010	Address:		
	Thatcarr 1. 000 to			
			·	 .
Name and	Title: Manuel Gutierrez	Name and Title: Vice-president		
Address	12 Fact 10 St	Address:		
	Hialeah Fl. 33010	Addices.		*******
Name and	Tide: Gabriella Bardales	Name and Title: Treasurer		
Address	42 Fast 10 St	Address:		
300	CT CT TOTAL CT C STATE A CONTRACT SECURIOR SECUR			

Name an	d Title:	Name and Title:		
Address	3	Address:		
•				
ARTICLE VÌ	REGISTERED AGENT	,		
	lorida street address (P.O. Box NOT acceptable) (of the registered agent is:	EM)	
Name:	Lesbia Nager		54	
Address:	42 East 10 St	CT 20		
	Hialeah Fl. 33010	0 PM		
	INCORPORATOR	H 1: 26	And the second s	
The <u>name and a</u>	ddress of the Incorporator is:		ura.	
Name:	Ursula B Luaces			
Address:	692 West 29 St Unit 12			
	Hialeah Fl. 33012			
Having been na this certificate, I	med as registered accept accept service of proce am familiar with find accept the appointment as re	ss for the above stated corporation at the place de egistered agent and agree to act in this capacity	signated in	
	Millett	10/16/201	10/16/2014	
	Regimed Signature/Registered Agent	Date		
	cument and affirm that the facts stated herein ar Department of State constitutes a third/legree feld		mitted in a	
	District	10/16/20	14	
	Required Signature/Inforporator	Date		