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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE



1/H

COVER LETTER

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

SUBJECT: ALL FLORIDA IN ESTIMENTS, CORI							
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	•			
\$70.00	\$78.75	\$78.75	□ \$87.50				
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	<u> </u>			

Status
ADDITIONAL COPY REQUIRED

& Certificate of

FROM:	RAUL DELGADO ACCOUNTING
I ROM.	Name (Printed or typed)
	2761 NW 16 TERR
	Address
	MIAMI FLO
	City, State & Zip
	786 975-8323
	Daytime Telephone number
	NONE F-mail address: (to be used for future annual report notification)

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



October 7, 2014

RAUL DELGADO ACCOUNTING 2761 NW 16 TERR MIAMI, FL 33125

SUBJECT: ALL FLORIDA INVESTMENTSCORP

Ref. Number: W14000061056

We have received your document for ALL FLORIDA INVESTMENTSCORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please add a space between the name of the corporation and the word (CORP).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Letter Number: 514A00021422

Valerie Herring Regulatory Specialist II New Filing Section

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

The name of the corporation shall be:	HINESIDENIO,
ARTICLE II PRINCIPAL OFFICE CHTS, 9 C	MSTRUCTIONS. CO
Principal street address	Mailing address, if different is:
MIAMI 2044 XM 35T	
FLA 33125	
ARTICLE III PURPOSE The purpose for which the corporation is organized is.	THEYT, SELLING, AND ANY
LEGAL BUSS IN THE STATE OF FLORIDA	
	,
	 ≈
	ECHE
	HAAPPA
ARTICLE IV SHARES 4	
The number of shares of stock is:	I: 3: ORIDA
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	§m. 37
Name and Title: XILFREDO VEUVA	e and Title: PRESS
Address 2044 NW 35T Addr	ess:
MIAMI	
FLA 33125	XWIFredo Velunza
LALL TOOM VELINIA	e and Title: V/PERSS
Address 2044 NW 3ST Addr	ess:
	ZWIFredo Velunza
FLA 33125	· 1
Name and Title: NUDA MIRANDA Nam	e and Title: SECRETARY
Address 2044 WW 3ST Addr	
MIAMI	
1411/ (1411	
FLA 33125	<u> </u>



Name and	Title:	Name and Title:_	14:001 27 PH 1:37
Address		Address:	SECRETARY OF STATE TAILAHASSEE, FLORIDA
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agen	t is:
Name:	RAUL DELGADO		
Address:	2761 NW 16 TERR		
	MIAMI FL 33125		
ARTICLE VII The name and ad Name: Address:	INCORPORATOR dress of the Incorporator is: VILFREDO VELONZA 2044 NW 35T MIAMI FL 33125		·
Having been nam this certify are La	ned as registered agent to accept service of process im family and accept the appointment us registered Agent	for the above state istered agent and a	ed corporation at the place designated in agree to act in this capacity O 3 1 1 1 1 1 1 1 1 1
document to the L	ument and affirm that the facts stated herein are pepartment of State constitutes a third degree felon Using Predo Lelon 24. Required Signature/Inc. porator		