

PI40000098092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

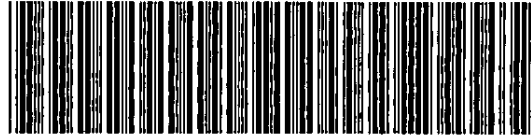
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700266576387

11/21/14--01015--012 **78.75

FILED
14 DEC -5 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1114-70760

MD 12/8

COVER LETTER

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

SUBJECT: Lady Regla Care, INC
(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: Lisdrey Fundora
Name (Printed or typed)
18320 NW 86 Ave
Address
Mialeah, FL 33015
City, State & Zip
786-328-0350
Daytime Telephone number
flisdrey@yahoo.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

November 25, 2014

LISDREY FUNDORA
18320 N.W. 86TH AVE.
HIALEAH, FL 33015

SUBJECT: LADY REGLA CARE, INC
Ref. Number: W14000070760

We have received your document for LADY REGLA CARE, INC 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.

Percentages (%) are not required. Please remove the symbol.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 714A00025015

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: Lady Regla Care, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18320 NW 86 AVE
Hiialeah, FL 33015

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 shares at \$ 5.00 each (\$500.00)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisdrey Fondora, President

Address: 18320 NW 86 AVE
Hiialeah, FL 33015

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

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: Lisdrey Fundora
Address: 18320 NW 86 AVE
Hialeah, FL 33015

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lisdrey Fundora
Address: 18320 NW 86 AVE
Hialeah, FL 33015

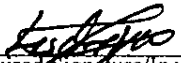
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

11/14/14
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

11/14/14
Date