

P15000003501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

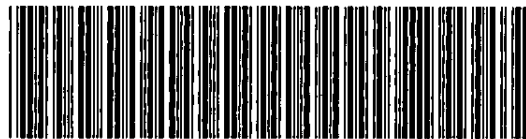
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/12/15--01011--007 ***87.50

APPROVED
AND
FILED

15 JAN 12 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LOLA RWM 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Roberto Mejill Tellado - President

Name (Printed or typed)

10319 Desert Sparrow Ave

Address

Weeki Wachee, Florida 34613-5310

City, State & Zip

787-594-8431

Daytime Telephone number

rmejill@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: LOLA RWM Inc

15 JAN 12 PM 4:46

ARTICLE II PRINCIPAL OFFICE

Principal street address

10319 Desert Sparrow Ave

Weeki Wachee, Florida 34613-5310

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS
TALLAHASSEE, FLORIDA

64 calle segunda

Ensenada, Puerto Rico 00647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: purpose 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: Roberto Mejill Tellado - President

Address: 10319 Desert Sparrow Ave

Weeki Wachee, Florida 34613-5310

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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AND
FILED

(cont.)

Name and Title: _____ Name and Title: 15 JAN 12 PM 1:46
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:

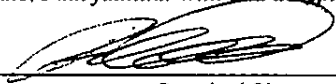
Name: Roberto Mejill Tellado - President
Address: 10319 Desert Sparrow Ave
Weeki Wachee, Florida 34613-5310

ARTICLE VII INCORPORATOR

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

Name: Roberto Mejill Tellado - President
Address: 10319 Desert Sparrow Ave
Weeki Wachee, Florida 34613-5310

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

1/8/15

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

1/8/15

Date