

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
FERNANDEZ BECERRA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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MD 2/17

12/28/2032 02:20

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850-817-8381

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February 16, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: FERNANDEZ BECERRA, INC.

REF: W15000011137

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Correct the Registered Agent's name in Article V.,

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000038197
Letter Number: 715A00003188

RECEIVED
15 FEB 16 PM 1:44
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H15000038197

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:FERNANDEZ BECERRA, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1250 S. Miami Ave - #1615
Miami, FL 33130**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ANA MARIA FERNANDEZ BECERRA
PRESIDENT**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ANA MARIA FERNANDEZ BECERRA
1250 S. Miami Ave, #1615
Miami, FL 33130**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ANA MARIA FERNANDEZ BECERRA
1250 S Miami Ave #1615
Miami, FL 33130


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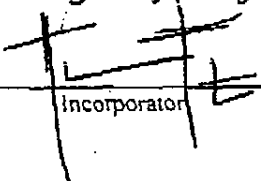
Required Signatures:

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



Registered Agent
02/05/15
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.



Incorporator
02/05/15
Date

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