

P/5000048376

(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

W/5-35411



600272749396

05/15/15--01024--012 **70.00

FILED
15 MAY 15 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

JUN 2 2015

S. GILBERT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2015

MARGARITA FIGUEROA
685 W 17 STREET
HIALEAH, FL 33010

SUBJECT: SANTA FE FASHIONS, INC.
Ref. Number: W15000035441

We have received your document for SANTA FE FASHIONS, INC. 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 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.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 615A00010513

COVER LETTER

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

SUBJECT: Santa Fe Fashions, 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: Margarita Figueroa

Name (Printed or typed)

685 W. 17 Street

Address

Hialeah, FL 33010

City, State & Zip

(305)401-5598

Daytime Telephone number

InfoInsideOut@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

May 19, 2015

MARGARITA FIGUEROA
685 W 17 STREET
HIALEAH, FL 33010

SUBJECT: SANTA FE FASHIONS, INC.
Ref. Number: W15000035441

*Returned
6/27/15*

RECEIVED
15 MAY -1 PM 1:13
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

We have received your document for SANTA FE FASHIONS, INC. 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 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.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 615A00010513

EFFECTIVE DATE

5/11/15

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: Santa Fe Fashions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

685 W. 17 Street, Hialeah, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Manufacturing clothing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margarita Figueroa

Name and Title: President

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
15 MAY 15 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Margarita Figueroa _____

Address: 685 W 17 Street _____

Hialeah, FL 33010 _____

ARTICLE VII INCORPORATOR

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

Name: Margarita Figueroa _____

Address: 685 W. 17 Street _____

Hialeah, FL 33010 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/11/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Margarita Figueroa
Required Signature/Registered Agent

5/11/15
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.

Margarita Figueroa
Required Signature/Incorporator

5/11/15
Date