

P15000052591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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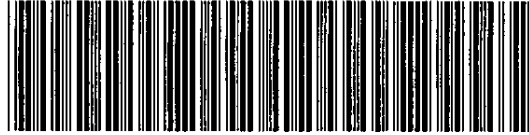
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____ ✓

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15 JUN 15 PM 2:58
SECRETARY OF STATE
TREASURY

JUN 1 8 2015
S. GILBERT

COVER LETTER

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

SUBJECT: Linares Design and Solutions, 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: Ernesto Linares Mendez

Name (Printed or typed)

8400 S.W. 133 Avenue Rd Apt. 117

Address

Miami, FL 33183

City, State & Zip

786-487-7861

Daytime Telephone number

kikicuomo@gmail.com

E-mail address: (to be used for future annual report notification)

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

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15 JUN 15 PM 2:58

SECRETARY OF STATE
TALLAHASSEE FL 32304

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: Linares Design and Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8400 S.W. 133 Avenue Rd

Apt 117

Miami, FL 33183

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Interior Renovations and Handyman

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia Cueli-Cuomo - Treasurer

Name and Title:

Address 8400 S.W. 133 Avenue Rd

Address:

Apt 117

Miami, FL 33183

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Ernesto Linares Mendez _____

Address: 8400 S.W. 133 Avenue Rd Apt 117 _____

Miami, FL 33183 _____

ARTICLE VII INCORPORATOR

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

Name: Ernesto Linares Mendez _____

Address: 8400 S.W. 133 Avenue Rd Apt 117 _____

Miami, FL 33183 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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



Required Signature/Registered Agent

6/9/15

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

6/9/15

Date