

**PK50007954**  
Division of Corporations

Florida Department of State  
Division of Corporations  
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15 SEP 25 PM 3:16

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LOS BROTHERS, INC.**

15 SEP 25 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** LOS BROTHERS, INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

503 SW 17 AVE \_\_\_\_\_

MIAMI, FL 33135 \_\_\_\_\_

Mailing address, if different is:

503 SW 17 AVE \_\_\_\_\_

MIAMI, FL 33135 \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** SHARES: 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NANCY ACOSTA (P/D) \_\_\_\_\_

Address: 503 SW 17 AVE \_\_\_\_\_

MIAMI, FL 33135 \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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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: NANCY ACOSTA  
Address: 95 NW 16th AVE APT 4  
MIAMI, FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NANCY ACOSTA  
Address: 95 NW 16th AVE APT 4  
MIAMI, FL 33125

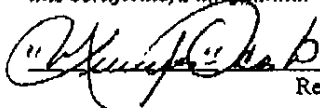
**ARTICLE VIII EFFECTIVE DATE:**

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.)

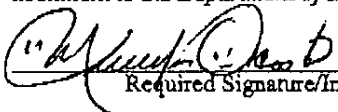
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation as 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

9/10/15  
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

9/10/15  
Date