

P15000089764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

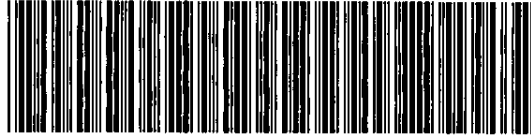
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



900278414119

900278414119  
10/26/15--01029--001 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 26 PM 4:49

APPROVED  
AND  
FILED

12/1

**COVER LETTER**

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

**SUBJECT: BRIDES OF FLORIDA 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: LUIS JACOBO**

Name (Printed or typed)

**6220 W 21 COURT**

Address

**HIALEAH, FL 33016**

City, State & Zip

**305-556-0044**

Daytime Telephone number

**INFO@JACOBOTAX.COM**

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

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

Department of State  
Division of Corporations  
Tallahassee, FL

10/22/2015

Ref: Document number P13000096504

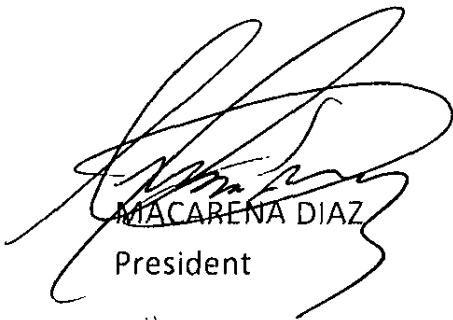
Dear Sir/Madam

The present letter is to let you know that I will not file a reinstatement for BRIDES OF FLORIDA INC with above mentioned document number.

Please release name to use on a new articles on the attached documents

Thanks for your help and support on this matter; feel free to contact me as soon as possible in case necessary.

Sincerely yours



MACARENA DIAZ  
President

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:

BRIDES OF FLORIDA INC

15 OCT 26 PM 4:49

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8530 SW 124TH AVE # 105

SECRETARY OF STATE  
MAILING ADDRESS  
TALLAHASSEE, FLORIDA

MIAMI, FL 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: DIAZ, MACARENA PRESIDENT

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

Address

12544 N KENDALL DR

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

MIAMI, FL 33186

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

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

Address

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

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

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

Address

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

APPROVED  
AND  
FILED (cont.)

Name and Title: \_\_\_\_\_ Name and Title: 15 OCT 26 PM 4:49

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: LUIS JACOBO  
Address: 6220 W 21 CT  
HIALEAH, FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MACARENA DIAZ  
Address: 12544 N KENDALL DR  
MIAMI, FL 33186

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.

[Signature]  
Required Signature/Registered Agent

10/22/2015  
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.

[Signature]  
Required Signature/Incorporator

\_\_\_\_\_  
Date

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

APPROVED  
AND  
FILED

ARTICLE I NAME

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BRIDES OF FLORIDA INC

15 OCT 26 PM 4:49

ARTICLE II PRINCIPAL OFFICE

Principal street address

8530 SW 124TH AVE # 105

Mailing address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MIAMI, FL 33183

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Name and Title:

Address

12544 N KENDALL DR

Address

MIAMI, FL 33186

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address

APPROVED  
AND  
FILED

(cont.)

15 OCT 26 PM 4:49

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
\_\_\_\_\_  
\_\_\_\_\_

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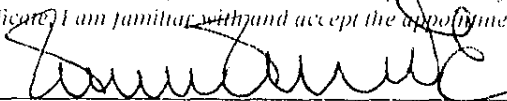
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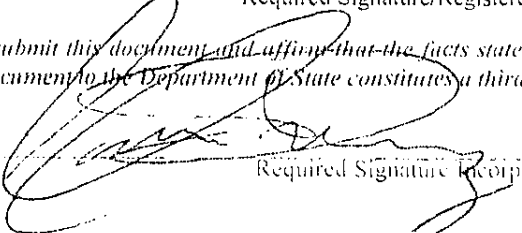
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Required Signature/Registered Agent

10/22/2015  
\_\_\_\_\_  
Date

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\_\_\_\_\_  
Required Signature Incorporator

\_\_\_\_\_  
Date