P15000089764

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Efficty Name)		
(Danis and Missales)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE

15 OCT 26 PH 4: 49

APPROVEL

1#

COVER LETTER

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

SUBJECT: BRI	DES OF FLORID		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
	Joseph Committee growth	Clepany via a manada na	Maria epic
FROM: L	UIS JACOBO		
	. Name	(Printed or typed)	
62	220 W 21 COUR	Τ	
	· . ·	Address	
H	IALEAH, FL 330	16	
	City,	State & Zip	
30	05-556-0044	¥ ,	
	Daytime T	elephone number	
IN	FO@JACOBOTAX	.COM	

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

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

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.

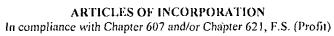
Please release name to use on a new articles on the attached documents

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

Sincerely yours

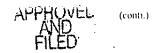
MACARENA DIAZ

President





ARTICLE I NAM The name of the corporat	E ion shall be: BRIDES OF FLOF	RIDA INC	15 OCT 26 PM 4: 49
ARTICLE II PRII	NCIPAL OFFICE Principal street address		SECRETARY OF STATE Mailing address HARDA
MIAMI, FL 33	183		
ARTICLE III PURI	POSE ne corporation is organized is: ANY LA	WFUL BU	ISINESS
The purpose for which to	te corporation is organized is.		
		····	
ARTICLE IV SHA The number of shares of s	RES		
The number of shares of	SIOCK 1S;		
	TAL OFFICERS AND/OR DIRECTOR		
Name and Title	DIAZ, MACARENA PRESIDENT	Name and Title:	
Address	12544 N KENDALL DR	_ Address:	
	MIAMI, FL 33186	-	
	MIMINI, I E 00 100	-	
Name and Title:		Name and Title:	
Address		_ Address:	With the state of
		-	
		-	
Name and Title		None and Title	
Aduress			
		-	



Name a	nd Title:	Name and Title:_	15 OCT 26 PM 4: 49
Addres	ss	_ Address:	SECRETARY OF STATE
			TALLAHASSEE, FLORIDA
		-	
	And the contact of th	_	
			·
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	f the registered agen	t ie:
Name:	LUIS JACOBO	t the registered agen	1.13.
Address:	6220 W 21 CT	·-	
	HIALEAH, FL 33016	_	
	· ·		,
<u>ARTICLE VII</u>	INCORPORATOR		
The <u>name and a</u>	uddress of the Incorporator is:		
Name:	MACARENA DIAZ	_	
Address:	12544 N KENDALL DR	_	
	MIAMI, FL 33186	-	
Having been na this certificate)	imed as registered agent to accept service of process I am familia <u>r with</u> and accept the appointment as rej	s for the above state gistered agent and a	gree to act in this capacity
	Sulle		10 22 12015
	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware to vy as provided for in	hat the false information submitted in a s.817.155, F.S.
1//11	Marine Marine		,
	Required Signature/Recorporator		Date

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



		1127 (11 1 2
	BRIDES OF FLOR	TO PAIL.
	VCIPAL OFFICE Principal <u>street</u> address	Mailing address, iSECHENNEY OF Orthon
530 SW 124 ⁻	ΓΗ AVE # 105	Mailing address, iSECHENNRY OF STATE FALLAHASSEE, FLORIDA
IIAMI, FL 33	183	
RTICLE III PUR e purpose for which t	POSE ne corporation is organized is ANY LA	WFUL BUSINESS
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· •		
	TIAL OFFICERS AND/OR DIRECTOR	S
Name and Title	DIAZ MACADENIA DDESIDENIT	
Address		Name and Title:
	12544 N KENDALL DR	Name and Title:
	12544 N KENDALL DR	
	12544 N KENDALL DR	
	12544 N KENDALL DR	
Name and Title	12544 N KENDALL DR MIAMI, FL 33186	
Name and Title Address	12544 N KENDALL DR MIAMI, FL 33186	Address Name and Title:
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Address	12544 N KENDALL DR MIAMI, FL 33186	Name and Title: Address:



(contr.)

Name and	l Tide:	Name and Ti	15 OCT 26 PM 4: 49
Address			SECRETARY OF STATE FALLAHASSEE, FLORIDA
		man,	
ARTICLE VI The name and Flo Name:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) LUIS JACOBO	of the registered	agent is:
Address:	6220 W 21 CT HIALEAH, FL 33016		
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u> Name:	MACARENA DIAZ		
Address:	12544 N KENDALL DR MIAMI, FL 33186	<u> </u>	
Having been nam this vertificate) I a	ned as registered agent to accept service of proce nn familiar withjand accept the appolitment as re Required Signature/Registered Agent	ss for the above egistered ugent t	stated corporation at the place designated in and agree to act in this capacity 10 27 26) Date
I submit this doct documents the	dment and affirm that the facts stated herein ar Separtment of State constitutes a third degree felo Required Signature Recorporates	e true. I am aw my as provided f	are that the false information submitted in a