Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION EL NATIVO MOTEL CORP.

Certificate of Status	0
Certified Copy	1
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Help

APPROVEL PARTY OF THE PROPERTY OF THE PROPERTY

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			15 DEC -3		
ARTICLE I NAME	Di Wandan Matal (7	SECRETARY (TALLAHASSEE	OF STAIN	Ë
The name of the corporation	shall be: El Nativo Motel C	LOEP.	NUCHAUSSEE),0
	AL OFFICE ncipal <u>street</u> address	Mailing add	tress, if different is:		
106 SW 8th Stre	et				
Miami, FL 33130					_
ARTICLE III PURPOSE The purpose for which the o	corporation is organized is:to_cond	uct any legal busin	ess		-
					_
	,				
		-			_
ARTICLE V SHARES The number of shares of sto ARTICLE V INITIAL	OFFICERS AND/OR DIRECTORS				
Name and Title:_	Myriam S Saenz, Pres/Treas	Name and Title:	· · · · · · · · · · · · · · · · · · ·		- ·
Address	1865 Brickell Ave, Town-	Address:			_
_	house #7	·	,	· .	_
	Miami, FL 33129	· <u>-</u>			_
Name and Title:	Jose L Sanz, VicePres/Sec	Name and Title:			_
Address	1865 Brickell Ave, Town-	Address:			
_	house #7				
.—	Miami, FL 33129				_
Name and Title:		Name and Title:		_ -	_
Address		_ Address:			_
_					
		ŀ			

APPHOVIL P. 003/003

H 1500 0 6286317

15 DEC -3 AM 10: 01

Name and	Title:	Name and Title:	SECRETATI OF STATE
Address		Address:	ALLAHASSEE. PLORIDA
	<u>REGISTERED AGENT</u> prida street address (P.O. Box NOT acceptable)) of the registered agent is:	
Name:	Jose L Sanz		
Address:	106 SW 8th Street		
	Miami, FL 33130		
ADTICI F VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Jose L Sanz		
Address:	106 SW 8th Street	,	
Augices.	Miami, FL 33130		
ARTICLE VIII	EFFECTIVE DATE:	, 	
Effective date, if	other than the date of filing:ate is listed, the date must be specific and car	(OPTIONAL) es deve prior er 90 business
days after the fil		and be mote man use pasme	as days prior of 70 business
Note: If the date the document's e	inserted in this block does not meet the application feetive date on the Department of State's reconstruction.	ble statutory filing requirement ds.	s, this date will not be listed as
Having been nat this certificate, I	ned ax registered agent to accept service of pro am familiar with and accept the appointment as	cess for the above stated corpo registered agent and agree to	ration at the place designated in act in this capacity
	Lore of Some	_	Dec. 03, 2015
	Required Signature/Registered Agent		Date
I submit this document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the clony as provided for in s.817.)	false information submitted in a 55, F.S.
	() roe & Soms	_	Dec. 03, 2015
Requ	ired Signature/Incorporator		Date