

7160000018303

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

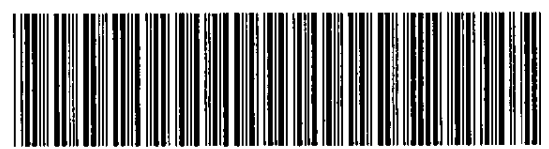
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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16 FEB 29 AM 11:33  
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T SCHROEDER



1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. LA Guapa Corp.  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

**AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared, MAYTE PURON, who after being first duly sworn, under oath, deposes and says:

1. She undersigned is the sole President of LA GUAPA CORP a Florida corporation, filed with the Florida Department of State on JANUARY 23, 2014.
2. The undersigned hereby consents to and authorizes the use of the name LA GUAPA CORP.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the dissolved entity.

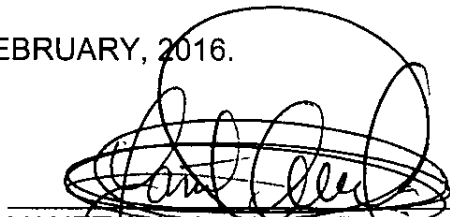
FURTHER AFFIANT SAYETH NAUGHT.

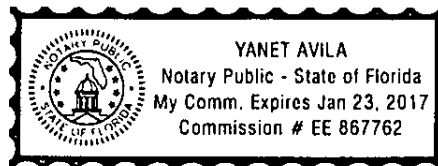
  
\_\_\_\_\_  
MAYTE PURON

STATE OF FLORIDA                     )  
  ) SS:  
COUNTY OF MIAMI-DADE         )

PERSONALLY appeared before me, MAYTE PURON who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 26<sup>th</sup> day of FEBRUARY, 2016.

  
\_\_\_\_\_  
YANET AVILA - Notary Public



**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: LA GUAPA CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8424 SW 102 PLACE

MIAMI, FL 33173

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

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

ANY AND ALL LAWFUL BUISNESS

**ARTICLE IV SHARES**

The number of shares of stock is: SHARES: 100

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

Name and Title: MAYTE PURON (P/S/D)

Address 8424 SW 102 PLACE

MIAMI, FL 33173

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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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: MAYTE PURON

Address: 8424 SW 102 PLACE

MIAMI, FL 333173

**ARTICLE VII INCORPORATOR**

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

Name: MAYTE PURON

Address: 8424 SW 102 PLACE

MIAMI, FL 33173

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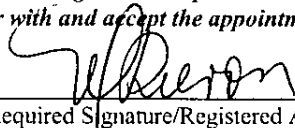
**ARTICLE VIII EFFECTIVE DATE:**

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

02/26/2016

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

02/26/2016

Date