

P16000032698

(Requestor's Name)

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(Address)

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☐ PICK-UP

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR 11 PM 2:06

1/16/11/10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2016

ROBERT CANO  
3725 SW 27TH TERRACE  
MIAMI, FL 33133

SUBJECT: LINK KILATES GROUP INC.  
Ref. Number: W16000011710

We have received your document for LINK KILATES GROUP INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Incorporator needs to sign.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 016A00003243

COVER LETTER

ATTN: TYRONE SCOTT

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

W16000011710

SUBJECT: LINK KILATES GROUP 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**

RECEIVED

16 APR 11 PM 3:20

FROM  
MICHIGAN OFFICE  
TALLAHASSEE, FLORIDA

ROBERT CANO

Name (Printed or typed)

3275 SW 27TH TERRACE

Address

MIAMI, FLORIDA 33133

City, State & Zip

305-205-5812

Daytime Telephone number

rcmeneses@hotmail.com

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

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

**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: LINK KILATES GROUP INC.

- W16 0000 11710

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3275 SW 27TH TERRACE

MIAMI, FLORIDA 33133

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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16 APR 11 PM 2:06

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

Name and Title: ROBERTO A. ESPEJO - OFFICER

Address: 3275 SW 27TH TERRACE

MIAMI, FLORIDA 33133

Name and Title: JOHN J. TERAN - OFFICER

Address: 3275 SW 27TH TERRACE

MIAMI, FLORIDA 33133

Name and Title: WALTER J. RODRIGUEZ - OFFICER

Address: 3275 SW 27TH TERRACE

MIAMI, FLORIDA 33133

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

W 16 0000 11710

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: ROBERT CANO \_\_\_\_\_

Address: 3275 SW 27TH TERRACE \_\_\_\_\_

MIAMI, FLORIDA 33133 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Walter Rodriguez

Address: 3275 SW 27th TERRACE

MIAMI, FL. 33133

**ARTICLE VIII EFFECTIVE DATE:**

FEBRUARY 1, 2016

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

1/30/2016

\_\_\_\_\_  
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

4/1/16  
\_\_\_\_\_  
Date