

PI6000037427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

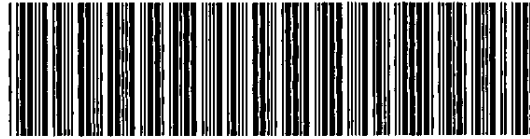
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/04/16--01008--013 **87.50

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 APR 27 PM 4:11

FILED

4/28/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2016

LISETTE GONGORA
9128 GRAND CANAL DRIVE
MIAMI, FL 33174

SUBJECT: TREASURES BY LISETTE
Ref. Number: W16000026334

We have received your document for TREASURES BY LISETTE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 716A00007286

FILED
16 APR 27 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
16 APR 27 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Treasures by Lisette, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lisette Gongora
Name (Printed or typed)

9128 Grand Canal Drive
Address

Miami, FL 33174
City, State & Zip

(305) 790-7106
Daytime Telephone number

lisette4@att.net
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: Treasures by Lisette, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9128 Grand Canal Drive
Miami, Fl. 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: profit

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Lisette Gongora, P, P</u>	Name and Title: <u>Robert Gongora, VP, D</u>
Address: <u>9128 Grand Canal Dr</u>	Address: <u>9128 Grand Canal Drive</u>
<u>Miami, Fl. 33174</u>	<u>Miami, Fl. 33174</u>

Name and Title: <u>Cindy Gongora, S</u>	Name and Title: <u>Bryan Gongora, T</u>
Address: <u>9128 Grand Canal Dr</u>	Address: <u>9128 Grand Canal Drive</u>
<u>Miami, Fl. 33174</u>	<u>Miami, Fl. 33174</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

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: Lisette Gongora
Address: 9128 Grand Canal Drive
Miami, Fl. 33174

ARTICLE VII INCORPORATOR

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

Name: Lisette Gongora
Address: 9128 Grand Canal Drive
Miami, Fl. 33174

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TALLAHASSEE FLORIDA

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

3/30/16
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

3/30/16
Date