

JUN/07/2016 10:15 AM

6/7/2016

FAX

Division of Corporations

P1600049801

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000138810 3)))



H160001388103ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
16 JUN - 7 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

LA PRIMAVERA CORP

RECEIVED

16 JUN - 7 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

114

JUN/07/2016/TUE 11:15 AM

FAX No.

P. 002

FILED

16 JUN -7 AM 10:52

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME
The name of the corporation shall be: LA PRIMAVERA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8100 GENEVA CT APT 445

DORAL, FL 33166

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: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Daniela Noguera Borges (P)

Name and Title: _____

Address: 8100 GENEVA CT APT 445

Address: _____

DORAL, FL 33166

Name and Title: Cesar Armando Calzadilla Gonzalez (V/P)

Name and Title: _____

Address: 8100 GENEVA CT APT 445

Address: _____

DORAL, FL 33166

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED

16 JUN -7 AM 10:52

Name and Title: _____ Name and Title: SECRETARY OF STATE
Address: _____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria Daniela Noguera Borges
Address: 8100 GENEVA CT APT 445
DORAL, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Maria Daniela Noguera Borges
Address: 8100 GENEVA CT APT 445
DORAL, FL 33166

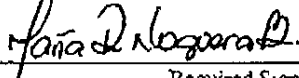
ARTICLE VIII EFFECTIVE DATE:

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

06/06/2016

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

06/06/2016

Date