

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.

((H16000141580 3)))



H160001415803ABC-

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 : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

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

Email Address: _____

RECEIVED

16 JUN -9 PM 4:07

FILE
 TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

A & L. SANTA FE CORP.

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

16 JUN -9 AM 9:19

FILED

56/10/14

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

H16000141580

FILED

16 JUN -9 AM 9:19

ARTICLE I NAME: The name of the corporation is:A & L Santa Fe Coop.SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8715 NW 117 St.Unit 9Hialeah Gardens, Fl. 33018**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Liz Rodriguez - Pres.Angel Orue - Vice Pres.**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

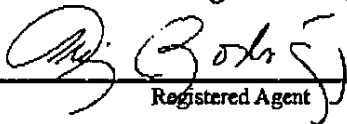
LIZ RODRIGUEZ8715 NW 117 ST UNIT 9Hialeah Gardens FL 33018**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LIZ RODRIGUEZ8715 NW 117 ST Unit 9Hialeah Gardens FL 33018

H16000141580

H16000141580

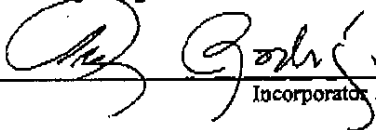
Required Signatures:

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



Registered Agent 6-9-16
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.



Incorporator 6-9-16
Date

FILED
16 JUN -9 AM 9:19
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

H16000141580