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6/14/2016

FAX No

Division of Corporations

P16000051453

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
CRISTO ES LA FUENTE, INC

Certificate of Status	0
Certified Copy	1
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16 JUN 15 AM 9:20

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TALLAHASSEE FLORIDA

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P.002

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6/15/2016 11:54:13 AM PAGE 1/001 Fax Server



June 15, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: CRISTO ES LA FUENTE, INC
REF: W16000043137

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Verify in Principal office address you have Suite 5b. The other Articles state Apt 5b.

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.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H16000145036
Letter Number: 016A00012504

JUN/15/2016/WED 12:50 PM

FAX No.

P. 003

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16 JUN 15 AM 9:20

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:

CRISTO ES LA FUENTE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 WEST 12TH STREET APT 5B

HALEAH, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFULL BUSINESS200

ARTICLE IV SHARES

The number of shares of stock is:

200 SHARES PAR \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YAMARIS RODRIGUEZ PD

Name and Title:

Address

500 WEST 12TH STREET APT 5B

Address:

HALEAH, FL 33010

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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P. 004

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16 JUN 15 AM 9:20

SECRETARY OF STATE
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: YAMARIS RODRIGUEZ
Address: 500 WEST 12TH STREET APT 5B
HIALEAH, FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YAMARIS RODRIGUEZ
Address: 500 WEST 12TH STREET APT 5B
HIALEAH, FL 33010

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
06/13/16
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
06/13/16
Date