

P16000053338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certificates of Status

Special Instructions to Filing Officer:

*Ashley Rodriguez* GAVE

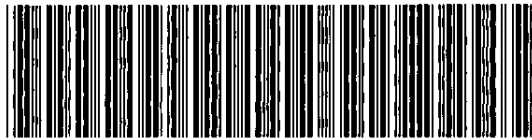
AUTHORIZATION BY PHONE TO

CORRECT *Art V. Shores* to read 10

DATE *6-23-16*

COC. EXAM. *[Signature]*

Office Use Only



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04/18/16--01010--007 \*\*87.50

LED  
16 JUN 10 PM 2:54  
TALLAHASSEE, FLORIDA

W/P-30262

JUN 23 2016

S. GILBERT

## COVER LETTER

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

SUBJECT: Las Pallas Hermanas Properties 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: Ashley Rodriguez + Janie Garcia  
Name (Printed or typed)

11115 NW 61<sup>st</sup> Ave  
Address

Hialeah, FL 33012  
City, State & Zip

(305) 414-9107  
Daytime Telephone number

ash.mail1189@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2016

ASHLEY RODRIGUEZ & JANIE GRACE  
11115 N5 NW 61ST AVE  
HIALEAH, FL 33012

SUBJECT: LAS POLLAS HERMANAS PROPERTIES INC.  
Ref. Number: W16000030262

We have received your document for LAS POLLAS HERMANAS PROPERTIES INC. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 816A00008416

RECEIVED

16 JUN 10 AM 10:06

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

ED

**ARTICLE I NAME**

The name of the corporation shall be: Las Pollas Hermanas Properties, Inc. 16 JUN 10 PM 2:54

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: 1644 N STATE AVE, SUITE 100, MIAMI, FLORIDA

11115 NW 61 Ave

Hialeah, FL 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to manage various properties.

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: Ashley Rodriguez (CEO) Name and Title: Janie Garcia (C.O.O.)

Address: 11115 NW 61 Ave Address: 3500 SW 13<sup>th</sup> St.  
Hialeah, FL Miami, FL 33145  
33012

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Ashley Rodriguez

Address: 11115 NW 61 Ave

Hiataeah, FL 33012

**ARTICLE VII INCORPORATOR**

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

Name: Ashley Rodriguez

Address: 11115 NW 61 Ave

Hiataeah, FL 33012

**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.)

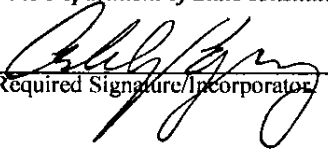
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4/12/16  
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

4/12/16  
Date