

P 16000056149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

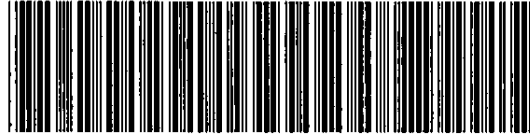
(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUL -6 PM 4:26
JUL 11 2016
JUL 11 2016

7/7/16

COVER LETTER

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

SUBJECT: LAZO'S BROTHERS 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: VICTOR LAZO CARDENAS

Name (Printed or typed)

20810 ANCHOR RD

Address

CUTLER BAY, FLORIDA, 33189

City, State & Zip

786-354-5036

Daytime Telephone number

AMALIA_ARGENTINA@YAHOO.ES

E-mail address: (to be used for future annual report notification)

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

16 JUL -5 PM 4:26

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2016

VICTOR LAZO CARDENAS
20810 ANCHOR ROAD
CUTLER BAY, FL 33189

SUBJECT: ~~LAZO'S BROTHERS INC.~~ LAZO'S BROTHERS INC.
Ref. Number: W16000041035

TALLAHASSEE, FLORIDA

16 JUL -6 PM 3:47

RECEIVED

We have received your document for LAZO'S BROTHERS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 716A00013170

16

JUL -6 PM 4:26

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

16 JUL -6 PM 4: 26

June 6, 2016

VICTOR LAZO CARDENAS
20810 ANCHOR ROAD
CUTLER BAY, FL 33189

SUBJECT: LAZO'S BROTHERS INC.
Ref. Number: W16000041035

We have received your document for LAZO'S BROTHERS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please add a space between the name of the corporation and the suffix.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 816A00011868

RECEIVED

16 JUN 21 AM 9:02

STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be: LAZO'S BROTHERS INC

16 JUL -6 PM 4: 26

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20810 ANCHOR RD

CUTLER BAY, FLORIDA 33189

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICTOR LAZO CARDENAS

Name and Title: PRESIDENT

Address 20810 ANCHOR RD

Address:

CUTLER BAY, FLORIDA 33189

Name and Title: BARBARO LAZO CARDENAS

Name and Title: VICE-PRESIDENT

Address 20810 ANCHOR RD

Address:

CUTLER BAY, FLORIDA 33189

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: VICTOR LAZO CARDENAS
Address: 20810 ANCHOR RD
CUTLER BAY, FLORIDA 33189

ARTICLE VII INCORPORATOR

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

Name: VICTOR LAZO CARDENAS
Address: 20810 ANCHOR RD
CUTLER BAY, FLORIDA 33189

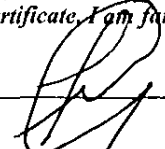
ARTICLE VIII EFFECTIVE DATE:

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

06/15/2016

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

06/15/2016

Date