

P-16000067410

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Inversiones Lamus F  ndez 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: Ilba del Valle F  ndez de Lamus
Name (Printed or typed)

2940 NE 203 str Miami Fl, 33180
Address

Miami Fl, 33180
City, State & Zip

786 - 975 3640
Daytime Telephone number

maxigurt06@gmail.com
Email address (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Inversiones Lamus Méndez Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2940 NE 203 str Miami Fl,
33180

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacture and Distribution of handmade yogurt
and milk Derivated products

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ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ilba Méndez de Lamus

Name and Title: Gustavo Enrique Lamus Curvelo

Address 2940 NE 203 str Miami
Fl, 33180

Address: 2940 NE 203 str. Miami
Fl, 33180 .

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: Gustavo Enrique Lamus Curvelo

Address: 2940 NE 203 St, Miami
FL, 33180

ARTICLE VII INCORPORATOR

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

Name: Ilba Méndez de Lamus

Address: 2940 NE 203 St, Miami
FL, 33180

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 19th of Mayo 2016 (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

05/19/2016
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

05/19/2016
Date