

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H160002652003ABCW

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To:
 Division of Corporations
 Fax Number : (850) 617-6381

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FLORIDA PROFIT/NON PROFIT CORPORATION

LOS VALLENATOS DE JUANCHO INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

S GILBERT

OCT 28 2016

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COVER LETTER

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

SUBJECT: LOS VALLENATOS DE JUANCHO 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: ROBERTO E GARCIA
Name (Printed or typed)
13052 SW 108th ST
Address
MIAMI, FL 33186
City, State & Zip
(786)4267823
Daytime Telephone number
tramilexllc@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

16 OCT 27 AM 10:11

ARTICLE I NAMEThe name of the corporation shall be: LOS VALLENATOS DE JUANCHO INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address13052 SW 108th STMIAMI, FL 33186

Mailing address, if different is:

SAME ADDRESS**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: ROBERTO E GARCIA. PAddress: 13052 SW 108th STMIAMI, FL 33186

Name and Title: _____

Address: _____

Name and Title: JUAN S GARCIA. VPAddress: 13052 SW 108th STMIAMI, FL 33186

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ROBERTO E. GARCIA
Address: 13052 SW 108th ST
MIAMI, FL 33186

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

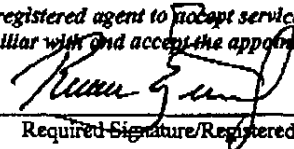
Name: ERIK GONZALEZ
Address: 8660 W FLAGLER ST STE 207
MIAMI, FL 33144

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 10/26/2016, (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

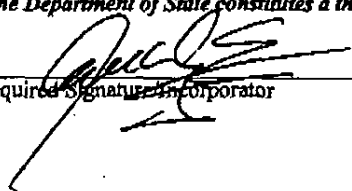


Required Signature/Registered Agent

10/26/2016

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

10/26/2016

Date

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