

# P/6000095547

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000295858 3)))



H160002958583ABCB

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LATIN COAST DISTRIBUTORS INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

*12/05/16*

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

H16000295358

**ARTICLE I NAME:** The name of the corporation is:Latin Coast Distributors, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9441 SW 61 ST Miami FL 33173

2016 DEC -2 PM 2:15

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Georvanys D Rodriguez Pineda (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:


Georvanys D Rodriguez Pineda  
9441 SW 61 ST  
Miami FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Georvanys D Rodriguez Pineda  
9441 SW 61 ST  
Miami FL 33173

H16000295358


H16000295353

**Required Signatures:**

**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**

 \_\_\_\_\_ 12-2-16  
Registered Agent 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.**

 \_\_\_\_\_ 12/2/16  
Incorporator Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 DEC -2 PM 2:15

H16000295353