P17000009834

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



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17 JAN 31 PH 3: 11

18 SEE FLORID

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1 1.-

COVER LETTER

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

SUBJECT:	Lowwes Go		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	Lourdes Name 14156 SW 1	e (Printed or typed)	<u> </u>
	Miami IIL		
	786 33	•	
	MSqalba E-mail address: (to be use	-	O. COM

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2016

LOURDES GALBAN 14156 SW 148 AVENUE MIAMI, FL 33196

SUBJECT: LOURDES GALBAN Ref. Number: W16000084179

We have received your document for LOURDES GALBAN and your check(s) totaling \$78.75. 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 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 616A00026784

2/16

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

ARTICLE 1 NAME The name of the corporation shall be:	ourdes Galban	01741AN 31 PH 3: 11
ARTICLE II PRINCIPAL OFFICE Principal street addres	s Ma	TALL AHASSEE FLORIDA
14156 SW 148 AC	Jenue	
Mianu IL 33,	<u> </u>	
<u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organ	ized is: <u>real</u> est	ate
	transact	ions
	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	
Name and Title: LOWAR Address 14156 St	Galban Name and Title:_	
Name and Title:	Name and Title:	
Address	Address:	
-		
Name and Title:	Name and Title:	
Address	Address:	
		" '

Name and Title:	Name and little:	
Address	Address:	
		
ARTICLE VI REGISTERED AGENT	Non III Co	
The name and Florida street address (P.O. Box Name:		
Address: 14156 SW	<u>148 Ave</u> nue - 33196	
Mianu R	- 33196	A 3 17
		AH W
<u>ARTICLE VII INCORPORATOR</u>	•	3- 3- 3-
The <u>name and address</u> of the Incorporator is:		E R
Name: Lourdes G	alban	To w
Address: 14156 SW	148 Shenue	RDE =
Miani J	198 Shenue 133196	₽
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL	Δ
(If an effective date is listed, the date must be sfiling.)		
Note: If the date inserted in this block does not not the document's effective date on the Department		ts, this date will not be listed as
Having been named as registered agent to accep this certificate, I am familiar with and accept the		
Required Signature/Re	gistered Agent	Date
I submit this document and affirm that the facts		
document to the Department of State constitutes of	i iniru degree jelony as providea jor in s.81/.1	33, F.S.
- GHOVA)		12/01/16
Required Signature/Incorporator		r pate