

**P/7000041087**

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.**

(((H17000125794 3)))



H170001257943ABC3

**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  
DULCE DE LECHE LA ABUELITA CORP**

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

09:17:00  
RD 8-17

STATE  
DIVISION OF  
CORPORATIONS

FILED  
MAY-8 AM 11:29  
TALLAHASSEE, FLORIDA

*5/09/17*

H17000125794

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Dulces de Leche La Abuelita Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7721 NW 7th #904  
Miami FL 33126SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAY -8 AM 11:29

FILED

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Pedro Antonio Loforte (P)  
Yannys Sosa (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

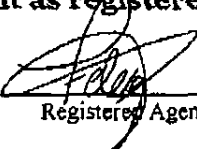
Pedro Antonio Loforte  
7721 NW 7th #904  
Miami FL 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Pedro Antonio Loforte  
7721 NW 7th #904  
Miami FL 33126

H17000125794

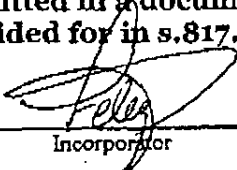
H17000125794

**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

  
\_\_\_\_\_  
Registered Agent5/8/2017  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator5/8/2017  
\_\_\_\_\_  
Date

FILED  
17 MAY -8 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H17000125794