

PI8000018147

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
LAS PAISANAS CORP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

N. SAMS
FEB 26 2018

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February 23, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

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TALLAHASSEE, FLORIDA

SUBJECT: LAS PAISANAS CORP
REF: W18000018313

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet. The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office.

Division of Corporations Letter Number: 318A00003795

The document number of the name conflict is .

P16000053965

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.

Nadira D McClees-Sams
Regulatory Specialist II

FAX Aud. #: H18000060792
Letter Number: 318A00003795

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FID
FLORIDA DEPARTMENT OF STATE
PALM BEACH, FLORIDA

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of LAS PAISANAS CORP of Doc # P16000053905 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

GRACIELA L Medina

H18000060792

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: LAS PAISANAS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1800 WEST FLAGLER STREET

MIAMI FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

18 FEB 23 PM 3:14
CORPORATE SECRETARY
LAS PAISANAS, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE \$1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GRACIELA L MEDINA/PRESIDENT

Name and Title: SILVIA ARIAS/VICE-PRESIDENT

Address: 1800 WEST FLAGLER STREET

Address: 1800 WEST FLAGLER

MIAMI FL 33135

MIAMI FL 33135

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

H18000060792

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: GRACIELA L MEDINA
 Address: 1800 WEST FLAGLER
MIAMI FL 33135

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 DEPARTMENT OF STATE
 PALM SPRINGS, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GRACIELA L MEDINA
 Address: 1800 WEST FLAGLER
MIAMI FL 33135

ARTICLE VIII EFFECTIVE DATE: 02/20/2018

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Graciela L. Medina 02/20/2018
 Required Signature/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.

Graciela L. Medina 02/20/2018
 Required Signature/Incorporator Date

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