

02/23/2018 12:55

(305) 617-6381

LAZARUS CORPORATE

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P18000018147

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**LAS PAISANAS CORP**

Certificate of Status	0
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Help



February 23, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: LAS PAISANAS CORP  
REF: W18000018313

18 FEB 23 PM 3:11  
RECEIVED  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax 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

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Letter Number: 318A00003795

P.O BOX 6327 - Tallahassee, Florida 32314

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TALLAHASSEE, 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 STREETMIAMI FL 33135**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

18 FEB 23 PM 3:14  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
MIAMI, 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/PRESIDENTName and Title: SILVIA ARIAS/VICE-PRESIDENTAddress 1800 WEST FLAGLER STREETAddress: 1800 WEST FLAGLERMIAMI FL 33135MIAMI FL 33135

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

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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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TALLAHASSEE, 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  
Required Signature/Registered Agent

02/20/2018

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  
Required Signature/Incorporator

02/20/2018

Date

H18000060792