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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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REGISTRARS
ADDRESS FOR COMMERCIAL
AND PROFESSIONAL SERVICES

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
LA RED CABARET INC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

APR 12 2018

E. SCOTT

APR 12 2018

T. SCOTT

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

LA RED CABARET INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

12444 SW 27 ST
MIAMI FL 33175

ARTICLE III **SHARES:** The number of shares of stock is: 100

~~ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:~~

JURGE PERDIGON (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JORGE PERDIGON

12440 SW 27 ST

MIAMI FL 33175

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Jorge Perdigon

12440 SW 27 ST

miami FL 33175

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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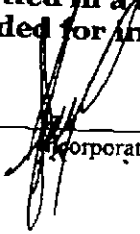
Required Signatures:

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 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.



Incorporator_____
Date

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