

MAR/20/2019/WED 11:53 AM

3/20/2019

P19000023543

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.

((H19000093780 3)))



H190000937803ABC4

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****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 GUAPA COMMERCIAL SOLUTIONS ONE CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2019 MAR 20 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: LA GUAPA COMMERCIAL SOLUTIONS ONE CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
11890 SW 8TH STREET APT 214

Mailing address, if different is:

SAMEMIAMI, FLORIDA 33184**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUISNESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MAYTE RODRIGUEZ PRESIDENT

Name and Title: _____

Address 11890 SW 8TH STREET 214

Address: _____

MIAMI, FLORIDA 33184

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: MAYTE RODRIGUEZ
Address: 11890 SW 8TH STREET 214
MIAMI, FLORIDA 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAYTE RODRIGUEZ
Address: 11890 SW 8TH STREET 214
MIAMI, FLORIDA 33184


ARTICLE VIII EFFECTIVE DATE:

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

 Mayte Rodriguez

Required Signature/Registered Agent
03/18/2019

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.

 Mayte Rodriguez

Required Signature/Incorporator
03/18/2019

Date