

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:

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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.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LA VILLA CLARENA STORE, INC**

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

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SEP 16 2013

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: LA VILLACLARENA STORE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6950 W 6 TH AVE APT 224

HIALEAH, FL, 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES STORE MISCELLANEOUS

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANEISY GONZALEZ MARTINEZ (D)

Address: 11535 NW 88 TH CT
HIALEAH, FL, 33018

Name and Title: PEDRO V CHICO GLEZ (D)

Address: 11535 NW 88 TH CT
HIALEAH, FL, 33018

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLES OF INCORPORATION

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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: ANEISY GONZALEZ MARTINEZ
Address: 11535 NW 88 TH COURT
HIALEAH, FL, 33018

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ANEISY GONZALEZ MARTINEZ
Address: 11535 NW 88 TH COURT
HIALEAH, FL, 33018

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

Required Signature/Registered Agent

9/13/2019
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.

Required Signature/Incorporator

9/13/2019
Date

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED