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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	ELAL CORP			
3000ECT	(PROPOSED CORPORA	ATE NAMÉ – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
☐ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	LUIS E	BRITO		
	Name (Printed or typed)			
	407 LINCOLN ROAD SUITE 9A			
	Address			
	MIAMI BEACH FLORIDA 33139			
	City, State & Zip			
	305-534-9292			
	Daytime Telephone number			
	BRITOAND	BRITO@AOL.COM		

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

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

The name of the corporat	ion shall be:	CORP	
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Mailing address	s, if different is:
815 ORTEGA AVENU	E	815 ORTEGA AVENU	 E
CORAL GABLES FLO	RIDA 33134	CORAL GABLES FLO	RIDA 33134
	OSE ANY AND THE UNITED STATES		D UNDER THE LAWS
		· -	
ARTICLE IV SHAR			
ARTICLE V <u>INITI</u> A	stock is: L OFFICERS AND/OR DIRECTORS ALBERTO ELIAS PRESIDENT		ANY OF SAME
Name and Title Address	ALBERTO ELIAS PRESIDENT 815 ORTEGA AVENUE	Name and Title: Address:	
Address	CORAL GABLES FL 33134	Address.	
Name and Title	·	Name and Title:	
Address			
			
Name and Title	:	Name and Title:	
Address		Address:	

Name	and Title:	Name and Title:	
Addre	288	Address:	
ARTICLE VI	<u>REGISTERED AGENT</u>		
The name and	Florida street address (P.O. Box NOT acceptabl		
Name:	BRITO AND BRITO ACCOUNTING USA	 -	
Address:	407 LINCOLN ROAD SUITE 9A		
	MIAMI BEACH, FLORIDA 33139		<u> </u>
			. 29.03 29.03 20.03
ARTICLE VII	I INCORPORATOR	,	
The name and	l address of the Incorporator is:		. 3 400 1 2 400 1 400
Name:	ALBERTO ELIAS	·	- 9.5 - 9.5
Address:	815 ORTEGA AVENUE		
	CORAL GABLES FL 33134	- 	
ARTICLE VII	II EFFECTIVE DATE:	(OPTION A LA	
Effective date. (If an effective	, if other than the date of filing: e date is listed, the date must be specific and ca	annot be more than five days prior or 90 days after	er the
filing.)			
Note: If the d	late inserted in this block does not meet the applic	cable statutory filing requirements, this date will not	be listed as
the document	's effective date on the Department of State's reco	ords.	
Having been i	named as registered agent to accept service of pro	ocess for the above stated corporation at the place a	lesignated in
this certificate	t, I am familiar with and accept the appointment a	us registered agent and agree to act in this capacity	
	177	10/30/10 Date	5
	Required Signature/Registered Agent	Date	
I submit this c	document and affirm that the facts stated herein	are true. I am aware that the false information su	ibmitted in i
document to ti	he Department of State constitutes a third degree	4. 2.	0
	(fleebelle	10-30-1	<u>J</u>
Re	equired Signature/Incorporator	Da	ie

P190000 86925

I ALBERT ELIAS AM THE OWNER OF ELAL CORPORATION, WITH THE DOCUMENT NUMBER OF P97000072104. I HAVE NO INTENTIONS ON REINSTATING THE ENTITY AS A CORPORATION. PLEASE PUSH THROUGH WITH THE NEW FILING AS ELAL CORPORATION, WITH THE TRACKING NUMBER OF

19 NOV 25 PM 2: 13