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## **COVER LETTER**

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

SUBJECT:	EL YUMURI COIN LAUNDRY, INC.				
3003ECT:	(PROPOSED CORPORA	TE NAME – <u>MÚST INCL</u>	<u>UDE SUFFIX</u> )		
Enclosed are an origi	nal and one (1) copy of the art	icles of incorporation and	d a check for:		
S70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	OPY REQUIRED		
FROM:	LUIS B				
		e (Printed or typed)			
	407 LINCOLN R	Address			
	МІАМІ ВЕАСН	FLORIDA 33139			
	City	State & Zip			
	305-53	34-9292			
	-	Telephone number			
		BRITO@AOL.COM	notification)		

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

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

ARTICLE I NAME The name of the corporat	ion shall be: EL YUMURI	I COIN LA	UNDRY INC.	
ARTICLE II PRINC			Mailing address, if	different is:
815 ORTEGA AVENU	E	;	815 ORTEGA AVENUE	
CORAL GABLES FLO	RIDA 33134	-	CORAL GABLES FLORIE	DA 33134
ARTICLE III PURPO The purpose for which to OF THE STATE OF FI	OSE the corporation is organized is:  ORIDA AND THE UNITED STATES C	D ALL AC	CA	NDER THE LAWS
ARTICLE V INITIA	ES 1000 stock is:		and Title:	HEISTON OF CORPORA 19 NOV -6 PM 2:
Address	815 ORTEGA AVENUE			03 75
Name and Title	CORAL GABLES FL 33134	<u> </u>		
Address		<del></del>		
Name and Title	:	Name	and Title:	
Address				
			<del></del>	

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Address:  407 LINCOLN ROAD SUITE 9A  MIAMI BEACH, FLORIDA 33139  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Name:  ALBERTO ELIAS  Name:  ACRICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  CORAL GABLES FL 33134  ARTICLE VIII EFFECTIVE DATE:  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 a 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 this certificate, I am familiar with and accept the apprintment as registered agent and agree to act in this capacity  Response Agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept that apprintment as registered agent and agree to act in this capacity  Response Agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept that apprintment as registered agent and agree to act in this capacity  Response Agent Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the facts information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  All All All All All All All All All Al	Name ar	nd Title:	Name and Title:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  BRITO AND BRITO ACCOUNTING USA  407 LINCOLN ROAD SUITE 9A  MIAMI BEACH. FLORIDA 33139  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  ALBERTO ELIAS  SI5 ORTEGA AVENUE  CORAL GABLES FL 33134  ARTICLE VIII EFFECTIVE DATE: 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 a 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 this certificate. I am familiar with and accept the appropriatment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address		Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Address:    BRITO AND BRITO ACCOUNTING USA				
Name:  Address:    Address:   407 LINCOLN ROAD SUITE 9A				
Address:    MIAMI BEACH, FLORIDA 33139   19   10   10   10   10   10   10   1			of the registered agent is:	
MIAMI BEACH. FLORIDA 33139  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: ALBERTO ELIAS  815 ORTEGA AVENUE CORAL GABLES FL 33134  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 a 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Reduired Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		407 LINCOLN ROAD SUITE 9A	_	
The name and address of the Incorporator is:  Name:  ALBERTO ELIAS  Name:  ACRAL GABLES FL 33134   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 a 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.	, , , , , , , , , , , , , , , , , , , ,	MIAMI BEACH, FLORIDA 33139	_	19 19
The name and address of the Incorporator is:  Name:  ALBERTO ELIAS  SIS ORTEGA AVENUE  CORAL GABLES FL 33134   ARTICLE VIIIEFFECTIVE DATE: Effective date, if other than the date of filing:  (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 a 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 this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ARTICLE VII	INCORPORATOR		1 유통표
Name:  Address:  S15 ORTEGA AVENUE  CORAL GABLES FL 33134   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date, if other than 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 a 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 this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.	The name and a	ddress of the Incorporator is:		i i i i i i i i i i i i i i i i i i i
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ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  [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 a 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    D   30   15     Required Signature/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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address:			00 15 HO
Effective date, if other than the date of filing:		CORAL GABLES FL 33134	_	
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this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    10   30   15	Note: If the dat the document's	e inserted in this block does not meet the applicab effective date on the Department of State's record	le statutory filing requirements, this da s.	ite will not be listed as
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document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		Required Signature/Registered Agent		Date
	I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware that the false info lony as provided for in s.817.155, F.S.	ormation submitted in a
Required Signature/Incorporator Date	D	1707, 4000 0000		7-30-19 Date