

Electronic Filing Menu Corporate Filing Menu

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COVER LETTER



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

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	LOFE PROPERTIES	INC
SUBJECT:		

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

□ \$78.75 Filing Fee & Certificate of Status

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\$78.75\$87.50Filing FccFiling Fec& Certified CopyCertified& Certified& Certified

Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

DORIS ACCOUNTING & TAX SERVICE CORP FROM:

Name (Printed or typed)

10154 W FLAGLER ST

Address

MIAMI, FL 33174

City, State & Zip

305 480 0269

Daytime Telephone number

TAXES@DORISTAXES.COM

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

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

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ARTICLES OF INCORPORATION

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

A <u>RTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is: Grupo Comudisa - Section 4914 / Gua
7801 NW 37th STREET	7801 NW 37th Street
DORAL, FLORIDA 33195-6503	Doral, FI 33195-6503
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS	
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS	
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The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS	· · · · · · · · · · · · · · · · · · ·

ARTICLE IV SHARES

ARTICLE IV SHARES 1000/ SI PAR VALUE The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	Federico G Aparicio Spross President	Name and Title		
Address	7801 NW 37th STREET			Ŋ
	DORAL, FLORIDA 33195-6503	_	AHAS	2) 2)
Name and Title:	Lorena M Chacon Dc Aparicio VP			
Address	7801 NW 37th STREET		4 • •	
	DORAL, FLORIDA 33195-6503	-		
			- <u></u> -	
Name and Title:		Name and Title		
Address		Address:	· · · · · · · · · · · · · · · · · · ·	

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Name a	nd Title:	Name and Title:	<u> </u>
Addres	s	Address:	
	<u> </u>		
he <u>name and F</u> Name:	lorida street address (P.O. Box NOT accepta Lamadrid Financial Services Corp	able) of the registered agent is:	
Address:	1267 S Pine Island Rd		
	Plantation, FI 33324		
RTICLE VII	Plantation, FI 33324		2019 DEC SECRE
			SECRE LARY SECRE LARY
	INCORPORATOR		
he <u>name and a</u>	<u>INCORPORATOR</u> ddress of the Incorporator is:		م عما

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

Alex Lamadrid 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 a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Alex Lamadrid Required Signature/Incorporator

12/19/2019

12/19/2019

Date

Date