

**P20000001328**

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((H20000005573 3)))



H200000055733ABCW

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : DORIS ACCOUNTING & TAX SERVICE CORP  
Account Number : 120190000104  
Phone : (305)480-0269  
Fax Number : (305)480-0518

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: alex@lamaridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**POSADA PALMA DORADA CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS  
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REGISTRATION SERVICES

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## COVER LETTER

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

**SUBJECT:** POSADA PALMA DORADA CORP

(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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** DORIS ACCOUNTING & TAX SERVICE CORP

Name (Printed or typed)

10154 W FLAGLER ST

Address

MIAMI, FL 33157

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.**

**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: POSADA PALMA DORADA CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
750 SW 34TH ST SUITE 200  
FORT LAUDERDALE, FL 33315

Mailing address, if different is:  
750 SW 34TH ST SUITE 200  
FORT LAUDERDALE, FL 33315

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: HOTEL MANAGEMENT

**ARTICLE IV SHARES**

The number of shares of stock is: 2000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CESAR LOYO - PRESIDENT

Address 2950 NE 188 ST APT 115  
AVENTURA, FL 33180

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: DANIELA CEDENO - VP

Address 1755 E UNITE 808 E  
HALLLANDALE BEACH, FL 33009

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: CESAR LOYO  
Address: 2950 NE 188 ST APT 115  
AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:


Name: DORIS ACCOUNTING & TAX SERVICE C  
Address: 10154 W FLAGLER ST  
MIAMI, FL 33174

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/06/2020 (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.)

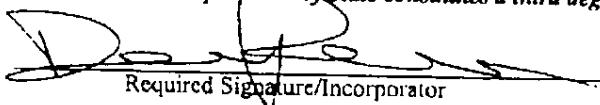
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

1/6/2020  
\_\_\_\_\_  
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

01/06/2020  
\_\_\_\_\_  
Date