

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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 LIBRETA INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

K PAGE

FEB 13 2020

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2020 FEB 12 AM 5:30
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SECRETARY OF STATE
TALLAHASSEE, FL
CORPORATION
COMMERCIAL
SERVICES

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

ARTICLE I NAMEThe name of the corporation shall be: LA LIBRETA INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6310 SHERMAN ST.
HOLLYWOOD FL. 330246310 SHERMAN ST.
HOLLYWOOD FL. 33024**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Any AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROBBYNS MARTINEZ PRS. Name and Title: _____Address 6310 SHERMAN ST. Address: _____HOLLYWOOD FL. 33024

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2020 FEB 12 AM 5:31
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TALLAHASSEE, FL

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: ROBBYNS MARTINEZ.
Address: 6310 SHERMAN STREET
HOLLYWOOD FL. 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBBYNS MARTINEZ.
Address: 6310 SHERMAN STREET
HOLLYWOOD FL. 33024.


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.)

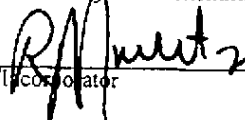
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2/12/20
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

2/12/20
Date

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