

9/14/2020

Division of Corporations

P20000072397

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : TAX CARE DORAL
Account Number : I20190000008
Phone : (786)845-8854
Fax Number : (321)473-3052

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

Email Address: Jessica.torres@taxcareinc.com

FLORIDA PROFIT/NON PROFIT CORPORATION

La H Es Muda Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2020 SEP 16 PM 3:19
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: La H Es Muda Inc.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jessica Torres
 Name (Printed or typed)
1400 NW 107th Ave. Ste 203
 Address
Sweetwater FL 33172
 City, State & Zip
(786) 845-8854
 Daytime Telephone number
Jessica.torres@taxcareinc.com
 E-mail address: (to be used for future annual report notification)

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

STATE
TALLAHASSEE, FL

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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: La H Es Huda Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1400 NW 107th Ave.
Ste 203

Sweetwater FL 33172

Mailing address, if different is:
1400 NW 107th Ave
Ste 203

Sweetwater FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful
activity for which a corporation may be
incorporated in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriel Haku (P)
Address: 1400 NW 107th Ave
Ste 203
Sweetwater FL 33172

Name and Title: Jesus Porras (VP)
Address: 1400 NW 107th Ave
Ste 203
Sweetwater FL 33172

Name and Title: Lillie Peña (Secretary)
Address: 1400 NW 107th Ave
Ste 203
Sweetwater FL 33172

Name and Title: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2020 SEP 18 PM 3:19
STATE
OF FLORIDA

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: Tax Care Doral
Address: 1400 NW 107th St. Ste 203
Sweetwater FL 33172

ARTICLE VII INCORPORATOR

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

Name: Tax Care Doral
Address: 1400 NW 107th St. Ste 203
Sweetwater FL 33172

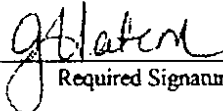
ARTICLE VIII EFFECTIVE DATE:

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

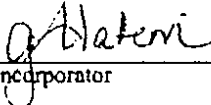


Required Signature/Registered Agent

9/16/20

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

9/16/20

Date

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STATE
MISSISSIPPI



September 15, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAX CARE DORAL

SUBJECT: LA H INC
REF: W20000105298

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is M89552.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H20000319225
Letter Number: 720A00017524

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