

pa1000000060

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H20000445063 3)))



H200004450633ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : KIJONNA SERVICES INC
Account Number : 120080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

2007 DEC 30 AM 11:02

****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
LASTRA REALTY, P.A**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

39

Luc
1/4/08

Electronic Filing Menu

Corporate Filing Menu

Help

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

SUBJECT: LASTRA REALTY, P.A
(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: KRISOENNA SERVICES, INC
Name (Printed or typed)

2141 SW 1ST, Suite 110
Address

MIAMI, FL 33135
City, State & Zip

786 499 7132
Daytime Telephone number

KRISOENNA@YAHOO.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 NAMEThe name of the corporation shall be: LASTRA REALTY, P.AARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

994 NE 42 PLHOMESTEAD, FL 33033

_____ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ALL PURPOSE

_____ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title REGLA LASTRA/PRESIDENT

Name and Title: _____

Address: 994 NE 42 PL

Address: _____

HOMESTEAD, FL 33033

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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: LASTRA REGLA

Address: 994 NE 42 PL

HOMESTEAD, FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LASTRA REGLA

Address: 994 NE 42 PL

HOMESTEAD, FL 33033

20 DEC 30 AM 11:02

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2021 (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

Lastra Regla

Required Signature/Registered Agent

01/01/2021

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.

Lastra Regla

Required Signature/Incorporator

01/01/2021

Date