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Division of Corporations

**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 : IMPROVED REVENUE SERVICE INC  
Account Number : I20190000119  
Phone : (786)552-2905  
Fax Number : (786)733-1744

**\*\*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  
LETY'S COMMUNITY CENTER INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED  
2021 MAR 24 AM 8:07  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES

LENNIS  
MAR 25 2021

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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: LETY'S COMMUNITY CENTER INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

330 SW 27TH AVE STE 301  
MIAMI, FL 33135

Mailing address, if different is:

SAME AS PRINCIPAL ADDRESS

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES AT \$1.00 PAR VALUE

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

Name and Title: LETICIA BARRIOS ESPINOSA/ P Name and Title: \_\_\_\_\_

Address 20 E 2ND PL Address: \_\_\_\_\_  
HIALEAH, FL 33013

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

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

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

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

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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: LETICIA BARRIOS ESPINOSA

Address: 20 E 2ND PL  
HIALEAH, FL 33013

**ARTICLE VII INCORPORATOR**

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

Name: LETICIA BARRIOS ESPINOSA

Address: 20 E 2ND PL  
HIALEAH, FL 33013


**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:*

<u></u>	<u>03/18/2021</u>
Required Signature/Registered Agent	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.*

<u></u>	<u>03/18/2021</u>
Required Signature/Incorporator	Date

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