4/12/2021



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From:

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Account Number : I20180000033 Phone : (305)805-3516 : (305)887-5844 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION LOS LEGRA CORP

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COVER LETTER

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Tailahassee, FL 32314 LOS LEGRA CORP SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **X** \$70.00 □ \$78.75 □ \$78.75 □ \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee. & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

OM:	FIRST NAME: DAGMARIS (2)LAST NAMES: GUERRA ALDANA					
	Name (Printed or typed)					
	315 E 15TH STREET					
•	Address					
	HIALEAH, FL 33010					
-	City, State & Zip					
	863-624-4443					
•	Daytime Telephone number					
	GDAGMARI18@GMAIL.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)

TICLE 1 NAME	ion shall be: LOS LEGRA CO	00		
name of the corpora	ion spail oc: EUS CEGRA CO	KP	-	
RTICLE II PRINC		National discount of after 100 ft.		
Principal street address		Mailing address, if different is:		
315 E 15TH STREET	·	315 E 15TH STREET	<u></u>	
HALEAH, FL 33010		HIALEAH, FL 33010		
RTIÇLE III PURPO)SE		<u>'</u>	
he purpose for which t	ne corporation is organized is:			
ANY AND ALL LAW	UL BUSINESS		\$1 \$2 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4	
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		7.	`	
		·		
	<i>L OFFICERS AND/OR DIRECTORS</i> Dagmaris Guerra Aldana, Pres	Name and Title:		
Name and Title	245 E 45TH 6TREET			
Address		Address:		
	HIALEAH, FL 33010			
			_	
Name and Title:		Name and Title:	-	
Name and Title:				
Address				
Address Name and Title:		Address: Name and Title:		
Address		Address: Name and Title:		
Address Name and Title:		Address: Name and Title:		
Address Name and Title:		Address: Name and Title:		

2021 10.028111 111166_10	30.	00070077	P. -
Name and Title:	Name and Title:	H210	00146/663
Address	Address:		<u> </u>
·			· · · · · · · · · · · · · · · · · · ·
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acc	eptable) of the registered agent	is:	
Name: DOMATS 5.00	21 a HI clan	1 <i>G</i>	-; ~>
Address: 315 E 15th S	tropt		021
Hialeah PL=	2010		2021 APR 13
ARTICLE VII INCORPORATOR			- P
The name and address of the incorporator is:	\mathcal{A}	V.00	P. C. S.
Name: Dagmaris (1)	ierra Alda	ll KI	를는 고
Address: 315 E 15th S	tropt		\$ ~
Haleah, FL	33010		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific a filing.)		ONAL) days prior or	90 days after the
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State'		irements, this o	date will not be listed as
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment	process for the above stated co as registered agent and agree to	orporation at the o act in this cap	e place designated in this pacity
Pilas Ia		\nearrow	4/12/2721
Required Signature/Registered A	agent	\cup	Date
I submit this document and affirm that the facts stated h	erein are true. I am aware tha	at the false inf	formation submitted in a
document to the Department of State constitutes a third dep	gree felony as provided for in s.	817.155, F.S.	14/12/22/21
Required Signature/Incorporator		Date	7 1 1 - 1 - 0 - 1