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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

****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
LOS CASTANOS INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

COVER LETTER

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

SUBJECT: Los Castanos 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: Mario A. Silva Cifuentes

Name (Printed or typed)

1265 S Pine Island Rd

Address

Plantation, FL 33324

City, State & Zip

+54 99 223-7499

Daytime Telephone number

msilva@casasilca.cl

E-mail address: (to be used for future annual report notification)

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

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2021 SEP -3 PM 11:16
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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: Los Castanos Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1265 S Pine Island Rd
Plantation, FL 33324

Mailing address, if different is:

SAME

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Mario A. Silva Cifuentes</u>	Name and Title:	<u>Inversiones Los Castanos Spa</u>
Address	<u>Augusto Leguia Sur 79 Oficina 1601</u>	Address:	<u>Augusto Leguia Sur 79 Oficina 1601</u>
	<u>Las Condes, Santiago de Chile, Chile</u>		<u>Las Condes, Santiago de Chile, Chile</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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9:16

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: Lamadrid Financial Services Corp
 Address: 1265 S Pine Island Rd
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mario A Silva Cifuentes
 Address: Augusto Leguia Sur 79 Oficina 1601
Las Condes, Santiago de Chile, Chile

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 09/03/21
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.

Mario A Silva
 Required Signature/Incorporator 09/03/21
Date

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