

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 : LAZARUS CORPORATE FILING SERVICE, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
LA MASQUERIDA INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:LA MASBUERIDA INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10117 NW 27TH AVENUE
MIAMI, FL 33147**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**BARBARA N. MOSQUERA DIAZ - PRES

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

BARBARA N. MOSQUERA DIAZ
10117 NW 27TH AVENUE
MIAMI, FL 33147SECRET
FILE


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FILE 7379

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:BARBARA N. MOSQUERA DIAZ
10117 NW 27TH AVENUE
MIAMI, FL 33147

Required Signatures:


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



Registered Agent01/24/22

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.



Incorporator01/24/22

Date

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