

**P22000093217**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LOPEZ ENTERPRISES MIAMI, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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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: Lopez Enterprises Miami, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address390 NE 125 Street, Suite 1Miami, FL 33161

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: property manager.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Frank Lopez, Pres/Sec/Treasurer

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

Address 390 NE 125 Street, Suite 1

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

Miami, FL 33161

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: Frank Lopez  
Address: 390 NE 125 Street, Suite 1  
Miami, FL 33161

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Frank Lopez  
Address: 390 NE 125 Street, Suite 1  
Miami, FL 33161

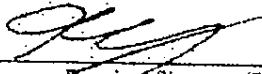
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

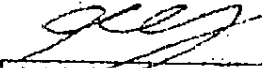
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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 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.*

→  \_\_\_\_\_  
Required Signature/Incorporator Date

## FAX COVER SHEET

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**To:** 18506176381

**From:** Emily Keller <emily@inc-it-now.com>

**Company:**

**Date:** 12/19/2022 13:45

**Fax Number:** 18506176381

**Pages (Including cover):** 4

**Re:** Bella Babes Management. LLC - FLA FAX

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**Notes:**

\*\*\* RESUBMIT \*\*\*

ORIGINALLY FAXED 12/15/2022.

HAVE NOT RECEIVED FILED PAPERWORK/NOT ON SUNBIZ.

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Thank You in advance.

Emily Keller

Hubco Incorporation Services

238 W. Jericho Turnpike | Huntington Station, NY 11746

Phone: (516) 935-3940 Ext. 1189 | Fax: (516) 935-3088

Direct Phone: 516-813-1189

email: emily@inc-it-now.com

12/19/2022 13:45