

To:

Page 2 of 4

2023-04-07 16:28:03 GMT

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From: Yanet Avila

4/7/23, 12:12 PM

Division of Corporations

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Florida Department of State
Division of Corporations

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DIVISION OF CORPORATIONS
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**FLORIDA PROFIT/NON PROFIT CORPORATION
LA ESQUINA DE ALEX Y CARY INC**

Certificate of Status	0
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M. A.
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LA ESQUINA DE ALEX Y CARY INC**ARTICLE II PRINCIPAL OFFICE**Principal street address900 E 49th STREETHIALEAH, FL 33013

Mailing address, if different is:

900 E 49th STREETHIALEAH, FL 33013**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CARIDAD PEREZ FARINAS - P Name and Title: _____Address 900 E 49th STREET Address: _____HIALEAH, FL 33013 _____

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: CARIDAD PEREZ FARINASAddress: 900 E 49th STREETHIALEAH, FL 33013**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: CARIDAD PEREZ FARINASAddress: 900 E 49th STREETHIALEAH, 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*

Caridad Perez Farinas (Apr 7, 2023 11:26 EDT)
Required Signature/Registered Agent*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.*

Caridad Perez Farinas (Apr 7, 2023 11:28 EDT)
Required Signature/IncorporatorDate 2023 APR 7 PM 12:45
FILED
HIALEAH, FL
CLERK OF THE COURT