

P2300076212

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 : LAMADRID FINANCIAL SERVICES CORP  
Account Number : 120200000059  
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: info@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**DORAL BOX CORP**

Certificate of Status	1
Certified Copy	0
Page Count	04
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October 18, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAMADRID FINANCIAL SERVICES CORP

SUBJECT: DORAL BOX CORP

REF: W23000143092

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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KAIN COSTELLO  
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New Filing Section

FAX Aud. #: H23000362783  
Letter Number: 423A00024200



## COVER LETTER

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

SUBJECT: BOX FIT CENTER CORP(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: NADIA R CABEZA

Name (Printed or typed)

11119 NW 44TH TERR

Address

DORAL, FL 33178

City, State &amp; Zip

(786) 867-0769

Daytime Telephone number

NADIACABEZA@GMAIL.COM

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

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

H 23000 3627833



**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: BOX FIT CENTER CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address4493 NW 97 AVE.  
DORAL FL 33178

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NADIA R CABEZA (PRESIDENT)Address: 11119 NW 44TH TERR  
DORAL, FLORIDA 33178Name and Title: ALEXANDER GOMEZ (VICE-PRESIDENT)Address: 11119 NW 44TH TERR  
DORAL, FLORIDA 33178

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

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

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

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

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

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

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

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

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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: 10154 W FLAGLER ST  
MIAMI, FL 33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NADIA R CABEZA  
Address: 11119 NW 44TH TERR  
DORAL, FL 33178

**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  
10/17/2023  
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.*

Nadia R Cabeza  
Required Signature/Incorporator  
10/17/2023  
Date

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