

Florida Department of State

P24000014893

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000077240 3)))



H240000772403ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: info1@lamadrifinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION
PLA DISTRIBUTORS INC

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

2024 FEB 27 PM 3:29

SECRET
TALLAHASSEE, FLORIDA

2024 FEB 27 PM 3:29

FILED

15

COVER LETTER

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

SUBJECT: PLA DISTRIBUTORS 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: HUGO J PLA

Name (Printed or typed)

253 NE 2nd ST

Address

MIAMI, FL 33132

City, State & Zip

239-692-0466

Daytime Telephone number

HUGOJPLA@GMAIL.COM

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

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

SECRET
TALLAHASSEE, FLORIDA

FEB 27 2024

FILED

H20000077240 3

Feb. 27. 2024 1:57PM

Vol. 8246 P. 3

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: PLA DISTRIBUTORS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2730 SW 3RD AVE STE 202
MIAMI, FL 33129

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: HUGO J PLA - PRESIDENT

Name and Title: _____

Address 253 NE 2nd ST

Address: _____

MIAMI, FL 33132

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
FEB 27 2024
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H840000077240 3

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 Street
Miami, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hugo J Pla
 Address: 253 NE 2nd ST
Miami, FL 33132

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 02/27/2024

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 02/27/2024

FILED
 FEB 27 2024
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4240000772403