

P240000917262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

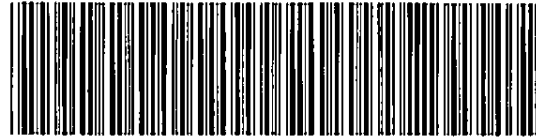
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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LOS OLIVOS FAMILY CORP

Please Debit FCA000000003 For: 78.75

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- ☒ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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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: LOS OLIVOS FAMILY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
255 ARAGON AVENUE, 2ND FLOOR
CORAL GABLES FL, 33134

Mailing address, if different is:
255 ARAGON AVENUE, 2ND FLOR
CORAL GALBES FL, 33134

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DAMIAN GASTON PALMIERI - P</u>	Name and Title:	<u>MARIA INES LUCIA LAUGA - S</u>
Address	<u>255 ARAGON AVENUE, 2ND FLOOR</u> <u>CORAL GALBES FL, 33134</u>	Address:	<u>255 ARAGON AVENUE, 2ND FLOOR</u> <u>CORAL GABLES FL, 33134</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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TALLAHASSEE, FL

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: AMFOS ADVISORS LLC
Address: 255 ARAGON AVENUE, 2ND FLOOR
CORAL GABLES FL, 33134

ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Name: DAMIAN GASTON PALMIERI
Address: 255 ARAGON AVENUE, 2ND FLOOR
CORAL GABLES FL, 33134

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 agree to the appointment as registered agent and agree to act in this capacity.

Required Signature of Registered Agent
03/07/2024
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 of Incorporator
03-07-2024
Date

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TALLAHASSEE, FL