

8/17/24

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 : DMG FINANCIAL SERVICES INC
 Account Number : I20230000151
 Phone : (305)595-2407
 Fax Number : (305)595-2408

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

karlota's investment inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2024 AUG 16 PM 1:55

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 ELECTRONIC FILING

24 AUG 16 AM 7:13

FLORIDA DEPARTMENT OF STATE
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CMS

COVER LETTER

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

SUBJECT: KARLOTA'S INVESTMENT 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: MARIA E RUIZ

Name (Printed or typed)

7750 SW 117TH AVE SUITE 203

Address

MIAMI FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM

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

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

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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: KARLOTA'S INVESTMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1060 NE 163 STREET

MIAMI, FLORIDA 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS M BEDIA, PRES

Name and Title: LORENA J GOMEZ, VP

Address: 1060 NE 163 STREET

Address: 1060 NE 163 STREET

MIAMI, FLORIDA 33162

MIAMI FLORIDA 33162

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

24 AUG 15 PM 7:03

NOT A VALID STATE OF FLORIDA

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: LUIS M BEDIA
Address: 1060 NE 163 STREET
MIAMI FLORIDA 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS M BEDIA
Address: 1060 NE 163 STREET
MIAMI FLORIDA 33162

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/19/2024 (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
08/15/2024
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/Incorporator
08/15/2024
Date

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