

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

4/11/25

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MJD ACCOUNTING SERVICES CORP
Account Number : 120220000156
Phone : (954)471-5645
Fax Number : (305)356-3688

****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
LA PERLA CUBANA VEGAS CORP**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

RECEIVED

2025 JAN -7 AM 10:54

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January 7, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MJD ACCOUNTING SERV ICES CORP

SUBJECT: LE PERLA CUBANA VEGAS CORP
REF: W25000001819

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

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Operations Manager A

FAX Aud. #: H25000006273
Letter Number: 425A00000382

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

LA PERLA CUBANA VEGAS CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

12923 SW 48 ST

MIAMI, FL 33175

12923 SW 48 ST

MIAMI FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

FOR ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: _____

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos E Travieso Divino- President

Name and Title: _____

Address

12923 SW 48 ST

Address: _____

Miami, FL 33175

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: CARLOS E TRAVIESO DIVINO

Address: 12923 SW 48 ST
MIAMI, FL 33175**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: CARLOS E TRAVIESO DIVINO

Address: 12923 SEW 48 ST
MIAMI, FL 33175FILED
SECRETARY OF STATE
25 JAN -7 AM 9:32**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 Agent01/07/2025
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: Incorporator01/07/2025
Date

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