

P98000018903

TRANSMITTAL LETTER

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

FILED
98 FEB 25 PM 2:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: Delgado Leganoa Design, Inc.
(Proposed corporate name - must include suffix)

700002435247--1
-02/19/98-01054-014
***131.25 ***131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Gretel C. Delgado
Name (Printed or typed)

999 Ponce de Leon Blvd., Suite #40
Address

Coral Gables, FL 33134
City, State & Zip

(305) 443-6323
Daytime Telephone number

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

2-26-98
MFM
443-6323

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DELGADO LEGANOVA DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

999 Ponce de Leon Blvd., Suite 40
Conch Gables, FL 33134

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gretchen C. Delgado

999 Ponce de Leon Blvd., Suite 40, Conch Gables, FL 33134

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Same



Signature/Incorporator

2/23/98

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

2/23/98

Date

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TALLAHASSEE, FLORIDA

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