

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**P25000006293**FL
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Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : DMG FINANCIAL SERVICES INC
Account Number : 120230000151
Phone : (305)595-2407
Fax Number : (305)595-2408

2025 FEB -4 PM 2:26
STATE

RECEIVED

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
LEON DE JUDA GARDENS DECORATIONS GROUP CORP

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

2025 FEB -4 PM 1:28
STATE

D

February 4, 2025

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

Re: LEON DE JUDA GARDENS DECORATIONS GROUP CORP

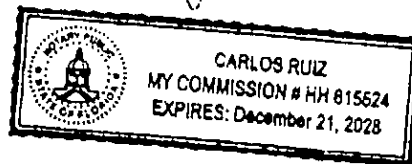
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,


SAYDA E VILLACINDA



COVER LETTER

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

SUBJECT: LEON DE JUDA GARDENS DECORATIONS GROUP CORP

(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.

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: LEON DE JUDA GARDENS DECORATIONS GROUP CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6020 SW 102 AVEMIAMI, FLORIDA 33173**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: SAYDA E VILLACINDA, PRESAddress: 6020 SW 102 AVE
MIAMI, FLORIDA 33173Name and Title: HELBER R ARGUETA, VPAddress: 6020 SW 102 AVE
MIAMI, FLORIDA 33173Name and Title: MAYNOR VILLACINDA, SECAddress: 6020 SW 102 AVE
MIAMI, FLORIDA 33173Name and Title: KEVIN VILLACINDA, TREAAddress: 6020 SW 102 AVE
MIAMI, FLORIDA 33173

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2025 FEB -4 PM 1:28
STATE
FILE

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: SAYDA E VILLACINDA
Address: 6020 SW 102 AVE
MIAMI, FLORIDA 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

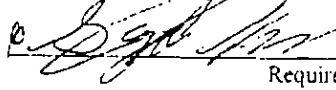
Name: SAYDA E VILLACINDA
Address: 6020 SW 102 AVE
MIAMI FLORIDA 33173

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/06/2025 (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

02/04/2025
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/Incorporator

02/04/2025
Date

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