

From:

Division of Corporations

06/28/2013 09:59

#136 P 001 003

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : THE SOLANO GROUP, P.A.
Account Number : I20120000074
Phone : (305) 441-2606
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Email Address: Schngroupsr @ ATT.net

FLORIDA PROFIT/NON PROFIT CORPORATION
San Lazaro Cafeteria, Inc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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From:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **San Lazaro Cafeteria, Inc**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

2400 West 2nd Ave

Hialeah, FL 33010

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: **100 Shares @ \$1.00 each**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Yaniuska B. Rodriguez P,S,T,D**

Name and Title: _____

Address: **2400 West 2nd Ave**
Hialeah, FL 33010

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: **Yaniuska B. Rodriguez**

Address: **2400 West 2nd Ave**
Hialeah, FL 33010

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

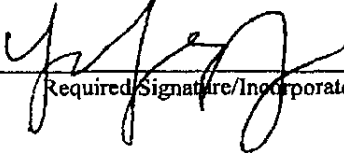
Name: Yaniuska B. Rodriguez
Address: 2400 West 2nd Ave
Hialeah, FL 33010

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

6/28/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

6/28/13
Date