

P16000082046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

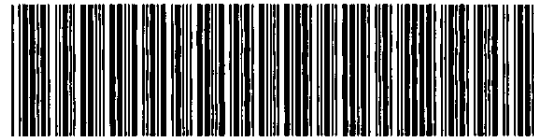
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 OCT -7 AM 11:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING
OCT 10 2016

COVER LETTER

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

SUBJECT: 1830 Restaurant 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: Mario E. Medina

Name (Printed or typed)

751 Sw 64 pkwy

Address

Pembroke Pines, FL 33023

City, State & Zip

(786) 277-5697

Daytime Telephone number

cpromoc@aol.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 NAME

1830 Restaurant Corp.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is _____

1366 East 4 Ave Hialeah, FL 33010

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

Professional Corporation

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mario E. Medina , PRESIDENT

Name and Title: _____

Address 751 Sw 64 pkwy

Address: _____

Pembroke Pines, FL 33023

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____

Name and Title: _____

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Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____
Mario E. Medina

Address: _____
751 Sw 64 pkwy

Pembroke Pines, FL 33023

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____
Mario E. Medina

Address: _____
751 Sw 64 pkwy

Pembroke Pines, FL 33023

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 business days prior or 90 business 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

Date

10/04/2016

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

Date

10/04/2016