

P17000040310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

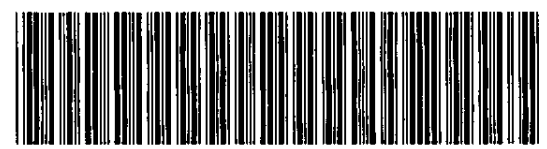
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/17--01031--006 **70.00

FILED
17 MAY -4 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 05/01/17

05/05/17

S&F TAMALES CORP
PO BOX 1253
WIMAUMA FL 33598
(813) 279-9465

May 1, 2017

Department of State
Division of Corporation
PO Box 6327
Tallahassee FL 32314

FILED
17 MAY -14 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Re: Document Number: P15000020483

Relinquishing Name

To whom it may concern:

I Nicodemuz Vasquez, hereby state that S&F Tamales Corp. with Document Number P15000020483 will no longer be used. We are Incorporating S and F Tamales Corp with the filing date of May 1, 2017.

If you have any questions, feel free to call me at (813) 389-6437.



Thank You

COVER LETTER

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

SUBJECT: S and F Tamales 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: S and F Tamales Corp
Name (Printed or typed)

PO BOX 1253
Address

WIMAUMA FL 33598
City, State & Zip

(813) 389-6437
Daytime Telephone number

LETICIAVASQUEZ1015@GMAIL.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

The name of the corporation shall be: Sand F Tamales Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5908 EDINA ST

WIMAUMA FL 33598

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOOD SERVICE FOR PUBLIC CONSUMPTION

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTONIA VASQUEZ PRES Name and Title: _____

Address: 5908 EDINA ST Address: _____

WIMAUMA FL 33598 _____

Name and Title: NICODEMUZ VASQUEZ VP Name and Title: _____

Address: 5908 EDINA ST Address: _____

WIMAUMA FL 33598 _____

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: NICODEMUZ VASQUEZ
Address: 5908 EDINA ST
WIMAUMA FL 33598

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: NICODEMUZ VASQUEZ
Address: 5908 EDINA ST
WIMAUMA FL 33598

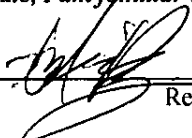
ARTICLE VIII EFFECTIVE DATE: 05/01/2017

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

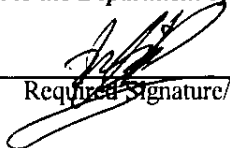


Required Signature/Registered Agent

5/1/17

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

5/1/17

Date