10/6/22, 12:54 PM

## Division of Corporations

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## FLORIDA PROFIT/NON PROFIT CORPORATION DRIVE THRU SPECIALTY INC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

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

DTICLET DDIN	CIDAL AEVICE			
RTICLE II PRIN	Principal street address	M	Mailing address, if different is:	
SA TAMBAMI CANAL RD L	B TIN			
MIAMI, FL 33144			<u> </u>	
RTICLE III PURF ne purpose for which	OSE the corporation is organized is: ANY AND	ALL LAWFUL B	BUSINESS	
		····		
RTICLE IV SHAI	<u>RES</u>			
RTICLE IV SHAI he number of shares o	RES f stock is: 100			,
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he number of shares of sha	f stock is: 100  AL OFFICERS AND/OR DIRECTORS  le: Juan Alberto Lozano Maqueira (P)  384 TAMIAMI RD UNIT 8  MIAMI, FL 33144	_ Address: Name and Title: Address: Name and Title:		

Name and Title:		Name and Title:		
Address		Address:		
	GISTERED AGENT ida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Juan Alberto Lozano Maqueira			
Address:	384 TAMIANI RD UNIT 8	_		
••	MIAMI, FL 33144	_		
inmorpius in	WAY BROD ATTAC			
ARTICLE VII IN				
The name and addr	ress of the Incorporator is:			
Name:	Juan Alberto Lozano Maqueira	<del></del>		
Address:	384 TAMIAMI RD UNIT 8	<u> </u>		
	MIAMI, FL 33144	<u> </u>	~~	
			<u> </u>	
ARTICLE VIII E.	FFECTIVE DATE:			
Effective date, if oth	ner than the date of filing:	(OPTIONAL)	•	
(If an effective date filing.)	e is listed, the date must be specific and can	not be more than five days prior or	90 days after the	
Note: If the date in:	serted in this block does not meet the applicab	ole statutory filing requirements, this o	late will not be listed as	
	ctive date on the Department of State's record		·	
			<u> </u>	
Having been named certificate, I am fam	as registered agent to accept service of process illiar with and accept the appointment as regis	s for the above stated corporation at th tered agent and agree to act in this cap	e place designated in this pacity	
Juan Alnerto L	OZANO Magueira 10513-1022 1635 6071			
	Required Signature/Registered Agent		Date	
I submit this docun	nent and affirm that the facts stated herein a	re true. I am aware that the false inj	formation submitted in a	
	partment of State constitutes a third degree fel			
JUAN ALMERTO L.	ozano Magueira 013 222 1636 1571			
Required Signature		Date		