

Division of Corporations

P22000079892

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To:

Division of Corporations
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From:

Account Name : AT PLUS CORP
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
RINCON ANTIOQUENO RESTAURANTE INC**

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

2022 OCT 19 AM 8:06

2022 OCT 19 AM 8:34

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AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **HECTOR CADAVID**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **RINCON ANTIOQUENO RESTAURANTE INC**, a Florida corporation to be filed with the Florida Department of State on or about **October 18, 2022**.
2. The undersigned hereby consents to and authorizes the use by **RINCON ANTIOQUENO RESTAURANTE INC**, of the name **RINCON ANTIOQUENO RESTAURANTE INC**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)



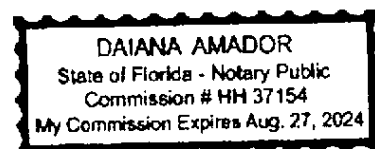
HECTOR CADAVID

PERSONALLY appeared before me, **HECTOR CADAVID**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 18 day of October 2022.



Notary Public Signature



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: Rincon Antioqueño Restaurante INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
6521 SW 8th St
Miami FL 33144

Mailing address, if different is:

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hector Cadavid (T)

Name and Title:

Address 1065 SW 75 Ave
Miami FL 33144

Address:

Name and Title: Amparo Cadavid (P)

Name and Title:

Address 1065 SW 75 Ave
Miami FL 33144

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: Hector Cadavid
Address: 1065 SW 8Th St
Miami FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hector Cadavid
Address: 1065 SW 8Th St
Miami FL 33144


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 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

 _____ 10/18/2022
Required Signature/Registered Agent 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.

 _____ 10/18/2022
Required Signature/Incorporator Date