BET 18/2 TO 17 18 3052 TO 10 DO AZALLE OF OF 18 8

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000204713 3)))



H230002047133ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

o:	Division of Cor	porations	SIS	2023	
	Fax Number	: (850)617-6381		NOF	
om:				æ	
. О	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	HAR	<u>.</u>	
	Account Number	: I20000000019	సా≺	_	
	Phone	: (305)552-5973	SE	PH	
	Fax Number	: (305)675-5944	S		
				<u>-:</u>	
		address for this business entity to be used for	<u> </u>	N	

Email Address:______

PH 4:39

FLORIDA PROFIT/NON PROFIT CORPORATION BIANCO CAFE BISTRO INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
r	The principal street address and mailing address is:
1315	1 NW 7 LN 33182 Miami
<u> </u>	
RTICLE III	SHARES: The number of shares of stock is:
ARTICL	E IV INITIAL DIRECTORS AND/OR OFFICERS:
10,12 1	Hegandro Moya Patallo (P)
	3 28 68
	LA:
<i></i>	HASY
	OF PH
	773 :
	7.2
ARTICLE V	INITIAL REGISTERED AGENT AND STREET ADDRESS:
	orida street address (PO Box not acceptable) of the registered agent is:
Luis	Alejandro Moya Patollo
13121 12	TI MISSING
	1 - 1 description for the Incompositor is:
ARTICLE VI	INCORPORATOR: The name and address of the Incorporator is:
ARTICLEVI	Heganaho Moya Patallo W 2 LN 33182 Mani FL

Required Signatures:

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

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.

Incorporator

Date

2023 JUN - 7 PM 4: 24 SECRETARY OF STATE TALLAHASSEF FATE

. .