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To: Division of Corporations  
Fax Number : (850)922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

99 APR -8 AM 9:11  
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TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

A LAS OLAS TROPICAL CAFE, INC.

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

B. McKnight APR 09 1999

**ARTICLES OF INCORPORATION  
OF  
A LAS OLAS TROPICAL CAFE, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: **A LAS OLAS TROPICAL CAFE, INC.**

The principal place of business of this corporation shall be: **1036 NW 164 AVE PEMBROKE PINES FLORIDA 33028**

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is Five Hundred (500) shares of One Dollar (\$1.00) per value common stock, which shall be designated "Common Shares".

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successors(s) is (are) elected, is(are):

**MARIA RUIZ - PRESIDENT  
1036 NW 164 AVE  
PEMBROKE PINES FLORIDA 33028**

Prepared by: **LEGAL SERVICE 2000  
7295 W FLAGLER ST  
MIAMI FL 33144  
(305) 260-0201**

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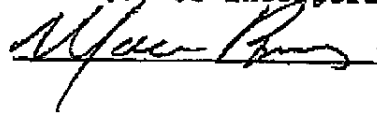
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MARIA RUIZ, PRESIDENT  
1036 NW 164 AVE  
PINEHURST PINES FL 33028

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of incorporation this 06 day of April, 1999.

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

A LAS OLAS TROPICAL CAFE, INC.

2. The name and address of the registered agent and office is:

MARIA RUIZ  
1036 NW 164 AVE

(P.O. BOX NOT ACCEPTABLE)

PEMBROKE PINES FLORIDA 33028

(CITY/STATE/ZIP)

SIGNATURE *Maria Ruiz*

TITLE PRESIDENT

DATE 04/06/99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Maria Ruiz*

DATE 04/06/99