## F000000157a

#### TRANSMITTAL LETTER

	tion/Tax Lien Section of Corporations				
SUBJECT: OI	lvera II, Inc.				
-	(Name of corporat	tion - must include suffix)	· · ·		
Dear Sir or Madan	n;				
"Certificate of Exi- to transact busines:	istence", and check are submitted to ss in Florida.	for Authorization to Transact Business in Florida", to register the above referenced foreign corporation  1111131745714  -03/17/0001086004			
Please return all co	orrespondence concerning this matt	er to the following:	*****87.50 *****87.50		
<u></u>	J. Larry Porter		•		
	(Name o	of Person)	**************************************		
	JPL Financial Servi	ces, Inc.			
-		ompany)			
	9125 Walker Road				
**************************************	(Ade	dress)			
	Shreveport, LA 7111	8	1		
<del></del> -		tate/Zip)	SECK		
Should you need to Larry Por	call someone concerning this matt		FILED MR 17 PM MINISTER PR		
(Name of I		) 68749099 Code & Daytime Telephone 1			
	(1100	code de Dayanie reseptotte i	Amunoci) Bull Q		
Name 3/23 FREET ADDRE		MAILING ADDRESS:			
Document Division of Corpora Examiner 409 E. Gaines St. Tallahassee, FL 2	ations	Qualification/Tax Lien Sec Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	tion		
Upda*er '		101101110300, I'D 32314			
Undater Verityer	ce for the following amount:  2	3 \$78.75 Filing Fee & 🗹	\$87.50 Filing Fee, Certificate of Status &		
Acknowledgement DCC		17	Certified Copy		
W. P. Verifyer DCC					

F00000001572

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	01x	vera II, Inc.					
	(Name of corpora	tion; must include the w	ord "INCORPOR	ATED", "C	OMPANY", "CORPORATION"	or	
	words or abbrevia	ations of like import in la	inguage as will cle	arly indicat	e that it is a corporation instead o	fa	
	natural person of	partnership if not so con	tamed in the name	e at present.	)		
2.	Louisia	ana -			72-1406479		
		under the law of which it	is incorporated)	3	(FEI number, if applicable	ie)	
			1	Parnat	• • • • • • • • • • • • • • • • • • • •	•	
4,	1141749	of incorporation)	5,	Terper	ual Tear corp. will cease to exist or "p		
	,	•		Durauon;	car curp. will cease to existor p	erpettar)	
6.	None a	s of date of app	olication				
	(Date first t	ransacted business in Flo	orida.) (SEE SECT	rions 607.	1501, 607.1502 and 817.155, F.S	•)	
7.	9125 Wa	lker Road				2 S Z S	
	Shreven	ort, LA 71118					
			Current mailing ac	ldress)			77
		`	<b>.</b>	<b>-</b>			1
8.	Restaura	nt					Ш
٠.	(Purpose(s)	of corporation authorize	ed in home state o	r country to	be carried out in state of Florida)		D
_					•		
9.	Name and stre	et address of Florida	registered agen	it: (P.O. B	ox or Mail Drop Box <u>NOT</u> ac	ceptable)	
	Name:	Jose' Olvera			·	•	
Ωf	ffice Address:	3392 Indian Hi	ille Drive				
~.	ince madress	JOSE HREETING	LII3 DIIVE		en e		-
	<del></del>	Pace,		<u> </u>	Torida, 32571 (Zip code)		
					(Zip code)	·	
10	Dogistored or	ent's acceptance:					
10.	. Registered ag	ent's acceptance:					
На	wing been named	as registered agent and	to accept service	of process t	or the above stated corporation a	nt the place designa	ited in
thi.	s application, I he	reby accept the appoints	nent as registered	l agent and	agree to act in this capacity. I fi	urther agree to com	เมโง
wu. the	n the provisions o cobligations of my	of all statutes retative to/i v position as registered a	the proper and co	mplete perf	ormance of my duties, and I am	familiar with and a	ccept
		position as registered a					
		1050	Win	Ž			
		<u> </u>	Registered agent'	s signature)			
11.	Attached is a cert	tificate of existence duly	authenticated, no	more than	90 days prior to delivery of this a	polication to the	
Deg	partment of State,	by the Secretary of State	or other official h	aving custo	dy of corporate records in the juri	sdiction under the l	aw of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

	TORS (Street address only - P.O. Box NOT acceptable)	
	2202 T. I	
	Pace, FL 32571	
Vice Chairn	ian:	
Director: _		· · · · · · · · · · · · · · · · · · ·
<del></del>		
Director: _		,
		E8 0
	ERS (Street address only - P.O. Box NOT acceptable)	7 5 T
President: _	Jose' Olvera	— <del>7 п</del>
Address:	3392 Indian Hills Drive	
	Pace, FL 32571	
Vice Preside	nt:	<del></del>
Address:		
<del></del>		**************************************
Secretary: _		
Address:		<del></del>
Treasurer: _		
Address:		7
<del></del>		
NOTE: If	necessary, you may attach an addendum to the application listing additional officers ar	nd/or directors.
13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	application)
14. 🕖		
	(Typed or printed name and capacity of person signing application)	tion)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

OLVERA II, INC.

Domiciled at HAUGHTON, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on November 17, 1997,

I further certify that no Certificate of Dissolution has been issued.

R 17 PK 2:50

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 14, 2000

CLO Secretary of State



# F000000157a

#### TRANSMITTAL LETTER

	To: Qualification/Tax Lien Section Division of Corporations				
	SUBJECT: Olvera II, Inc.				
	(Name of corporation - must include suffix)				
	Dear Sir or Madam:				
	The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
	Please return all correspondence concerning this matter to the following:  -03/17/0001086004  *****87.50 *****87.50				
	J. Larry Porter				
	(Name of Person)				
	JPL Financial Services, Inc.				
	(Firm/Company)				
	9125 Walker Road				
	(Address)				
	Shreveport, IA 71118				
	(City/State/Zip)				
	Should you need to call someone concerning this matter, please call:  Larry Porter at (318 ) 687-9099				
	(Name of Person) (Area Code & Daytime Telephone Number)				
	DA 50				
	Name STREET ADDRESS:  Availability Occ  Qualification/Tax Lien Section  Oualification/Tax Lien Section				
	Document Division of Corporations Division of Corporations  Examiner 409 E. Gaines St. P.O. Box 6327				
ı	Tallahassee, FL 32314 Update:				
-	Unda'er  Verlifyer  \$70.00 Filing Fee  \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,  Certificate of Status				
-	Acknowledgement DCC Certified Copy				
1	W. P. Verifyer DCC				

£00000001213

4 pages

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Olvera II, Inc.				
	(Name of corporation; must include the word "INCORPO words or abbreviations of like import in language as will natural person or partnership if not so contained in the natural person or partnership."	clearly indica	te that it is a corporation instead o		
2.	Louisiana	3	72–1406479		
	(State or country under the law of which it is incorporated	d)	(FEI number, if applicab	le)	
4.		Perpe			
	(Date of incorporation)	(Duration:	Year corp. will cease to exist or "I	erpetual")	
б.	None as of date of application				
	(Date first transacted business in Florida.) (SEE SE	ECTIONS 607	.1501, 607.1502 and 817.155, F.S	<u>;')</u>	
7.	9125 Walker Road			78 8 8	
•					
	Shreveport, LA 71118 (Current mailing	z address)			
	( )	5			
8.	Restaurant				
٥.	(Purpose(s) of corporation authorized in home state	te or country to	be carried out in state of Florida	)	
9.	Name and street address of Florida registered a	gent: (P.O.)	Box or Mail Drop Box NOT a	cceptable S	
	Name: Jose' Olvera				ų.
0	ffice Address: 3392 Indian Hills Drive	e			=
	Pace,	<b>7</b>	Florida, 32571 (Zip code)		
10	). Registered agent's acceptance:				
th wi th	aving been named as registered agent and to accept servise application, I hereby accept the appointment as registation the provisions of all statutes relative to the proper and e obligations of my position as registered agent.  (Registered agent)	ered agent and decomplete per selection of the selection	l agree to act in this capacity. I j formance of my duties, and I am	further agree to com a familiar with and a	iply
	. Attached is a certificate of existence duly authenticated, epartment of State, by the Secretary of State or other office				law of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)		
Chairman:	Jose' Olvera	<u> </u>	<u>2</u> 1 fili
Address:			
	Pace, FL 32571	· · · · · · · · · · · · · · · · · · ·	
Vice Chairn	oan;		
Director: _			
Director:		,	· · · · · · · · · · · · · · · · · · ·
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)		
President: _	Jose' Olvera	7 m	. =
Address:	3392 Indian Hills Drive		_ <u> </u>
	Pace, FL 32571	19 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Vice Preside	nt:	,	,
<del></del>			-
Secretary: _			
			· 2527
Treasurer:			
Address:		· · · · · · · · · · · · · · · · · · ·	<del></del>
			. 1 · · ·
NOTE: Is-			i Tari T
	necessary, you may attach an addendum to the application listing additional officers and/or		
13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	olication)	عم إسد
14.		The second secon	
	(Typed or printed name and capacity of person signing application	)	•

en de la companya de



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

OLVERA II, INC.

Domiciled at HAUGHTON, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on November 17, 1997,

I further certify that no Certificate of Dissolution has been issued.

R 17 PN 2:50

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 14, 2000

CLO Secretary of State

