

N11000000056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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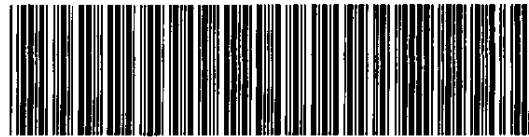
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

J. Shivers JAN 05 2011

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: El Rey Te Llama Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Julia Diaz McCarthy  
Name (Printed or typed)

14523 NW 87th Place  
Address

Miami Lakes, FL 33018  
City, State & Zip

(305) 776-1238  
Daytime Telephone number

juliadiazmccarthy@gmail.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I. NAME**

The name of the corporation shall be: El Rey Te Llama Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
14523 NW 87th Place  
Miami Lakes, FL 33018

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To assist less-fortunate individuals with basic needs.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As stated in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Julia Diaz-McCarthy  
Address: President  
14523 NW 87th Place  
Miami Lakes, FL 33018

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Luis McCarthy  
Address: Vice President  
14523 NW 87th Place  
Miami Lakes, FL 33018

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Monique Fernandez  
Address: Treasurer  
8551 NW 191st Street  
Miami, FL 33015

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Monique Fernandez  
Address: 8551 NW 191st Street  
Miami, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Julia Diaz-McCarthy  
Address: 14523 NW 87th Place  
Miami Lakes, FL 33018

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

Monique Fernandez  
Required Signature of Registered Agent

12/10/10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]  
Required Signature of Incorporator

12/10/10  
Date

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SECRETARY OF STATE