PI, ED 00 FEB 10 AM 11:10 Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 CUBANAS COFE, INC. LAS SUBJECT: (Proposed corporate name - must include suffix) **400003131424--4** -02/10/00--01086--009 *****78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **5** \$78.75 \$78.75 \$87.50 \$70.00 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED NORMA E. LACKRITZ

Name (Printed or typed) 11380 N.W. 104 Th PLACE REDOICIL, FL. 32686 City, State & Zip

NOTE:_Please provide the original and one copy of the articles.

352 - 620 - 84**9**0 Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby <u>adopts</u> the following Articles of Incorporation.

ARTICLE I	NAME		
	e corporation shall be:		
LAS	CUBAHA5	CAFE,	INC.



ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

506 S. PINE AVE. OCALA, FL 34474

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1:00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

NORMA E. LACKRITZ 11380 N.W.104 PLACE REDDICK, FL 32686

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

NORMA E, WACKRITZ
11380 N.W. 104 PLACE
REDDICK, FE 32 686
Forthule
Signature/Incorporator

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(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

2 10 00

Date