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TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLOORE

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

DOC. EXAM

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SUBJECT: Don Vil	la Taco Shop & Bakery	y Inc.		
	(Proposed corpo	rate name - must include suff	ix)	
Enclosed is an original ar	nd one(1) copy of the articl	es 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 CO	ADDITIONAL COPY REQUIRED	
FROM: _	Angelica Pena Name (Pri	nted or typed)		
'eo Pena GA	P.O. Box 1071	idress		
ATION BY PHONE TO	Moore Haven, Fl. 3	3471		

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

Daytime Telephone number

City, State & Zip

561-992-8168

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be:

DON VILLA TACO SHOP & BAKERY INC.

ARTICLE II PRINCIPAL OFFICE

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

304 EAST SUGARLAND HIGHWAY CLEWISTON, FLORIDA 33440

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Angelica Pena 729 Avenue R Moore Haven, FL 33471

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Angelica Pena P.O. Box 1071

Moore Haven, Fl. 33471

ature/Incorporator

9/15/00 Date

(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

Date