TRANSMITTAL LETTER Department of State Division of Combinations

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

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SUBJECT:	KRISTIAN (Proposed cor	POTERIA : poráte name - must include suf	Ine.	
		to waterway is		
Énclosed is an origin	ial and one(1) copy of the artic	eles of incorporation and a c	heck 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 of Status	
		ADDITIONAL COI	Y REQUIRED	
FROM:	Name (HOOOUNTII Printed or typed)	26-·	
	1925 E	Address Address	WAL	
	H'aleal	330 State & Zip		
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1000 747	Daytime 1	etepnone number	AM IO: 4.9 'OF STATE 'E. FLORID	D

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

MAR 3 1 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

March 20, 2000

SUNSHINE ACCOUNTING 1925 E 4TH AVE, #2 HIALEAH, FL 33010

SUBJECT: KRISTIAN CAFETERIA INC.

Ref. Number: W00000007428

We have received your document for KRISTIAN CAFETERIA INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees \$35.00
Registered Agent
Designation \$35.00
Certified Copy \$8.75
Certificate of Status \$8.75

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Kimberly Rolfe Corporate Specialist Supervisor

Letter Number: 700A00015315

Enclosed you will findachech. Pou kept all original document. Please process. Thank Pou.



Articles of Incorporation Of KRISTIAN CAFETERIA INC.

l. Name

The name of the Corporation is **KRISTIAN CAFETERIA INC.** hereinafter referred to as the "Corporation."

ll. <u>Purposes</u>

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the United States, State of Florida, or any other state or territory.

III. <u>Principal Office and Registered Agent</u>

The Office of the Corporation is **12000 BISCAYNE BLVD. MIAMI FL 33181.** The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is **IVAN DELGADO 12000 BISCAYNE BLVD MIAMI FLORIDA 33181**

IV. <u>Duration</u>

The duration of the Corporation shall be perpetual.

V. <u>Initial Business</u>

The initial business of the Corporation shall be CAFETERIA.

VI. Capital Stock

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is **600**, each share to have a par value of \$1.00.

VII. Incorporators

The names and mailing addresses of the incorporators are:

Incorporator Name

Incorporator Address

IVAN DELGADO

12000 BISCAYNE BLVD. MIAMI FL 33181

VIII. Directors

The number of directors constituting the initial Board of Directors of the Corporation is: ONE. The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

Director Name

Director Address

IVAN DELGADO President 12000 BISCAYNE BLVD. MIAMI FL 33181

IX. No Personal Liability

The private property of the stockholders shall not be subject to the payment of corporate debts.

X. Operating Provisions

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the, 20_00
* LUND
IVAN DELGADO
State of <u>Florida</u>
County of <u>Miami Dade</u>
BEFORE ME, the undersigned authority, on this day personally appeared IVAN DELGADO, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.
SUBSCRIBED AND SWORN TO BEFORE ME this the 16 day of
M_{\bullet}

My Commission Expires:

Notary public in and for the / State of FLORIDA

Ileana Gomez
Notary Public, State of Florida
My Comm. Expires Apr 17, 2000
No. CC548038
Sonded Thru Cfficial Status 32 rates
1-(620) 723-0121

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION , ORGANIZED UNDER THE 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 is: KRISTIAN CAFETERIA INC.
- 2. The name of the registered agent and office is: IVAN DELGADO

Having been named as a registered agent and to accept service of process for the above corporation at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

IVAN DEL CADO

3-16-00

DATE

OO MAR 30 AM IO: 49
SECRETARY OF STATE

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