# TRANSMITTAL LETTER

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

100004687871--5 -11/19/01--01076--014 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Toma Tu Sopa Corporation

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$78.75 (Filing Fee & Certificate of Status)

FROM: Gloria Castillo 122 NW 79<sup>th</sup> Street Miami, Florida 33150-3016 (305) 282-6673



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### ARTICLES OF INCORPORATION

In compliance with Chapter 607, F.S.

# **ARTICLE I**

NAME.

The name of the corporation shall be:

TOMA TU SOPA CORPORATION

#### ARTICLE II

PRINCIPAL OFFICE.

The principal place of business and mailing address is: 122 NW 79<sup>th</sup> Street,
Miami, Florida 33150-3016

### ARTICLE III

PURPOSE.

The purpose for which the corporation is organized is: To make profit by offering services to our costumers and exceeding their expectations.

#### ARTICLE IV

SHARES.

The number of shares of stocks is:

100 Shares/\$1.00 US Currency per Shares.

#### ARTICLE V

INITIAL OFFICERS/DIRECTORS.

The name (s), S/S, Address (es), and Title (s):

Gloria Castillo, President/Registered Agent/Incorporator.

S/S 261-37-9730

122 NW 79th Street,

Miami, Florida 33150-3016

Zenia Colon, Vice President/Treasurer.

S/S 267-53-3472

122 NW 79th Street,

Miami, Florida 33150-3016

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# ARTICLE VI

REGISTERED AGENT.

The name, Social Security, and Florida street address of the registered agent is:

Gloria Castillo, President/Registered Agent/Incorporator.

S/S 261-37-9730

122 NW 79th Street,

Miami, Florida 33150-3016

ARTICLE VII

**INCORPORATOR** 

The name, Social Security, and Florida street address of the incorporate agent is:

Gloria Castillo, President/Registered Agent/Incorporator.

S/S 261-37-9730

122 NW 79th Street,

Miami, Florida 33150-3016

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.

Signature/Registered Agent

Jour Gott

Signature/Incorporatof

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Date

Date