

PO2000061258

TRANSMITTAL LETTER

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

May 29, 2002

SUBJECT: **LATIN CARIBE RESTAURANT, CORP.**

(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 of
Status

ADDITIONAL COPY REQUIRED

FROM: **ARMANDO A. PEREZ**

Name (Printed or typed)
P.O.BOX 127277

HIALEAH, FLORIDA. 33012
City, State & Zip

305-828-0304

Daytime Telephone number

800005665698--8
-06/03/02--01080--009
*****78.75 *****78.75

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

FILED
2002 JUN -3 AM 10: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

✓
Jf 6/4/02

ARTICLES OF INCORPORATION

OF

LATIN CARIBE RESTAURANT, CORP.

FILED

2002 JUN -3 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **LATIN CARIBE RESTAURANT, CORP.**

The principal place of business of this corporation shall be:

4262 W. 12TH AVE, HIALEAH, FLORIDA. 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

General Sales & Service, Retail and wholesale.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

One (1) the capital stock 50(fifty) shares of no para value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officers) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

President & Treasurer: Ruben Dominguez 4940 SW 141 ave, Miami, FL. 33175 50% shares
Vice-President & Secretary: Juan A. Borrego 804 e. 28th St. Hialeah, FL. 33013 50% shares

ARTICLE VI INICIAL REGISTERED AGENT AND STREET ADDRESS:

**RUBEN DOMINGUEZ
4940 SW 141TH AVE MIAMI, FLORIDA .33175**

ARTICLES VI INCORPORATOR(S)


The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is(are):


President & Treasurer: Ruben Dominguez, 4940 SW 141th Ave. Miami, Florida.33175

Vice-President & Secretary: Juan A. Borrego, 804 E. 28th St. Hialeah, Florida.33013

IN WITNESS WHEREOF, the undersigned Incorporator(s) has have executed these Articles of Incorporation this 29 day of May , 2002

Signature(s) of Incorporator(s)

RUBEN DOMINGUEZ 


JUAN A. BORREGO 

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this

29 day of MAY, 2002, by Ruben Dominguez & Juan A. Borrego
(Name of Incorporator)

of LATIN CARIBE RESTAURANT, CORP.
(Name of Corporation)

Notary Public: **ARMANDO A. PEREZ** 

My Commission Expires:
Armando A. Perez
Commission # **DD080006**
Expires **Dec. 20, 2005**
Bonded Through
Atlantic Bonding Co., Inc.



FILED

2002 JUN -3 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation is: **LATIN CARIBE RESTAURANT, CORP.**

2. The name and address of the registered agent and office is:

**RUBEN DOMINGUEZ
4940 SW 141 AVE MIAMI, FLORIDA 33175**

(P. O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

SIGNATURE: 

(Corporate Officer)

RUBEN DOMINGUEZ

TITLE: PRESIDENT & TREASURER

DATE: 05/29/2002

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE:

RUBEN DOMINGUEZ 

(Registered Agent)

DATE: 05/29/2002