

PO3000059064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

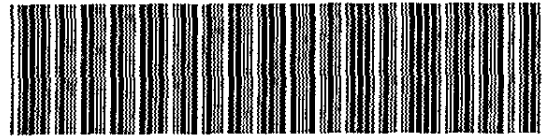
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03 MAY 21 AM 9:47  
STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: DONAL'S HOT DOGS  
(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:

LUIS A. DELGADO

Name (Printed or typed)

1842 SHADOW CREEK RD

Address

GREENACRES, FL 33413

City, State & Zip

(561) 965-9768

Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*DONAL'S HOT DOGS CORP.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*1842 SHADOW CREEK ROAD, GREENACRES, FL 33413*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: *1*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

*LUIS A. DELGADO (OWNER)*

*1842 SHADOW CREEK RD*

*GREENACRES, FL 33413*

**ARTICLE VI REGISTERED AGENT**

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

*JULIAN ARAMBURG*

*4899 SARATOGA RD*

*WEST PALM BEACH, FL 33415*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*LUIS A. DELGADO*

*1842 SHADOW CREEK RD*

*GREENACRES, FL 33413*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*5/9/03*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*5/9/03*  
\_\_\_\_\_  
Date

FILED  
03 MAY 21 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA