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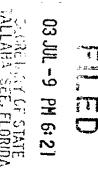
| (Requestor's Name) | | | | |
|---|----------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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TRANSMITTAL LETTER

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

| SUBJECT: ELP | OTRO MOBILE RESTAUR | ANT E-1 INC. | |
|---|----------------------------------|----------------------------|------------------|
| · · · · · · · · · · · · · · · · · · · | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | l a check for: |
| 231010000000000000000000000000000000000 | (1) 100) 010 010 | | |
| 2 \$70.00 | \$78.75 | \$78.75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy | Certified Copy |
| | | | & Certificate of |
| | | | Status |
| | | ADDITIONAL CO | OPY REQUIRED |
| FROM: L | OUIS DAVID | | |
| 1101411 | Name | e (Printed or typed) | |
| | 9141 CYPRESS GREEN | DR # 2 | |
| • | | Address | |
| | JACKSONVILLE, FL 3225 | 56 | |
| | • | v, State & Zip | |
| | 904-733-3597 | | |
| | | Telephone number | <u> </u> |

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:

EL POTRO MOBILE RESTAURANT E-1 INC.

FILED

03 JUL -9 PM 6:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 14613 CAMBERWELL LANE JACKSONVILL FL 32258

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE FOOD AND SERVICES FROM A MOBILE TRUCK

ARTICLE IV SHARES

The number of shares of stock is: 100SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MARIA L ESCAMILLA PRESIDENT 14613 CAMBERWELL LANE JAX FL 32258

ARTICLE VI REGISTERED AGENT

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

LOUIS DAVID CPA 9141 CYPRESS GREEN DRIVE # 2 JAX FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA L ESCAMILLA 14613 CAMBERWELL LANE JAX FL 32258

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

Date

Marie Commission of the Commis

Signature/Incorporator

Date