# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633~9696

## FLORIDA PROFIT CORPORATION OR P.A.

caribbean gastronomia, inc.

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Certificate of Status	0
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# ARTICLES OF INCORPORATION CARIBBEAN GASTRONOMIA, INC.

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SECRETARY UP STATE

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I. NAME

The name of the corporation shall be: CARIBBEAN GASTRONOMIA, INC.

#### ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7411 Sabal Drive Miami Lakes, Florida 33014

#### ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares of common stock having a par value of \$00.01 per share.

### ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tomas Llera 7411 Sabal Drive Miami Lakes, Florida 33014

#### ARTICLE V. INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Tomas Llera 7411 Sabal Drive Miami Lakes, Florida 33014

The undersigned incorporator has executed these Articles of Incorporation this 1 day of , 2003.

TOMAS LLERA

Prepared By: MARIA PRATS HAMILTON, ESQUIRE 1570 Madruga Avenue, Suite 214 Coral Gables, Florida 33146 (305) 665-5610 F1. Bar No.: 284068

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#### CERTIFICATE OF DESIGNATION REGISTERED ACENT/REGISTERED OFFICE

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SECRETARY OF STATE

Pursuant to the provisions of Sections 607.0501 or 617.050, Florida Statutes, the unitarighed SEF FLORIDA corporation, organized under the laws 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:

CARIBBEAN GASTRONOMIA, INC.

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

Tomas Llera 7411 Sabal Drive Mismi Lakes, Florida 33014

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

TOMAS LLER

 $_{\text{Dated:}} \mathcal{S}/_{i}/_{\mathcal{Q}}$ 

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