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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	:
Certified Copies	Certificates	s of Status
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WUN-15476

TRANSMITTAL LETTER

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

SUBJECT: ^{La ⊢}	squina Tropical Corp.		
· · · · · · · · · · · · · · · · · · ·	(PROPOSED CORPOR	TE NAME – <u>MUST INCL</u>	UDESUFFIX)
England on an aria	inal and ana (1) same aftina am	ialas afinaamanation and	la abaali fam
Enclosed are an ong	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	□ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
5	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	
			-
FROM: L	uis Govantes		
1.00111.	Nam	e (Printed or typed)	
	0400 1047 704 04 4		
	2439 NW 7th. Street		
		Address	
	Miami, Florida 33125		
	•	6 6 7:	
	City	y, State & Zip	
	305 643 4337		
	Daytime	Telephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 21, 2004

LUIS GOVANTES 2439 NW 7TH ST. MIAMI, FL 33125

SUBJECT: LA ESQUINA TROPICAL CORP.

Ref. Number: W04000015476

We have received your document for LA ESQUINA TROPICAL CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum Document Specialist New Filings Section

Letter Number: 904A00026497

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:

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2264 NW 26th. Avenue Miami, Florida 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cafeteria- Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of not par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

3096 NW 51 Street Miami, Florida 33142

ARTICLE VI REGISTERED AGENT

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

Ana Maria Oleaga 3096 NW 51 Street Miami, Florida 33142

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Ana Maria Oleaga 3096 NW 51 Street Miami, Florida 33142

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Date

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