

P04000094SS1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

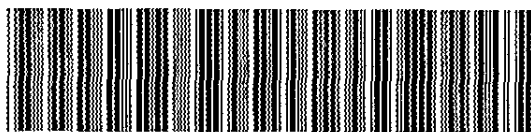
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STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: EL BISCUIT RESTAURANT CORPORATION  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: RICARDO RODRIGUEZ  
Name (Printed or typed)

1003 S.W. 67TH AVENUE  
Address

WEST MIAMI, FLORIDA 33144  
City, State & Zip

305-2677773  
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:

EL BISCUIT RESTAURANT CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1003 S.W. 67TH AVENUE  
WEST MIAMI, FLA 33144.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RESTAURANT BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 SHARES PAR ONE DOLLAR

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

RICARDO RODRIGUEZ  
1003 S.W. 67TH AVENUE  
WEST MIAMI, FLA. 33144

**ARTICLE VI REGISTERED AGENT**

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

RICARDO RODRIGUEZ  
1003 S.W. 67TH AVENUE  
WEST MIAMI, FLORIDA. 33144.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

RICARDO RODRIGUEZ  
1003 S.W. 67TH AVENUE  
WEST MIAMI, FLORIDA. 33144.

\*\*\*\*\*

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

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA