

P04000139277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

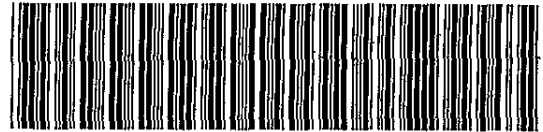
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## TRANSMITTAL LETTER

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

SUBJECT: Crisolito 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Rhonda Morales  
Name (Printed or typed)

P.O. Box 780418  
Address

Orlando, FL 32878  
City, State & Zip

407-568-8420  
Daytime Telephone number

04 OCT -7 PM 2:32  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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:

Crisolito Corporation

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1090 Garden Street  
Titusville, FL 32796

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Restaurant

### **ARTICLE IV SHARES**

The number of shares of stock is:

10,000

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

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

Miriam Torres, 14415 Fawnhaven Court, Orlando, FL 32828, President  
Sandra Cardona, 2324 Douglas-Thomas Court, Orlando, FL 32807, Vice President  
Rhonda Morales, P.O. Box 780418, Orlando, FL 32878, Sec/Treas

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Miriam Torres  
14415 Fawnhaven Court  
Orlando, FL 32828


### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Rhonda Morales  
P.O. Box 780418  
Orlando, FL 32878


\*\*\*\*\*

*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

10/04/2004

\_\_\_\_\_  
Date

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

10/04/2004

\_\_\_\_\_  
Date

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SECRET  
DIVISION OF REVENUE