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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850) 205-0381

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.

puerto plata restaurant, inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

8/12/6

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ARTICLES OF INCORPORATION

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:

Puerto Plata Restaurant, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2542 Washington Street, Hollywood, FL 33020

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Ten Thousand (10,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Anibal Cid, 2542 Washington Street, Hollywood, FL 33020

ARTICLE V INCORPORATOR

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

Anibal Cid, 2542 Washington Street, Hollywood, FL 33020

ARTICLE VI OFFICERS AND DIRECTOR(S)

The initial directors (and officers, if applicable) of the corporation shall be:

Director/President: Anibal Cid, 2542 Washington Street, Hollywood, FL 33020

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JANUARY 1, 2004

Page 2

H04000239418

X *Amibol* *cid*
Signature of Incorporator

12-3-04
Date

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.

Amibol *cid*
Signature of Registered Agent

12-03-04
Date

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TALLAHASSEE, FLORIDA

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