

P06000055529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Signature]*  
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

42

**COVER LETTER**

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

SUBJECT: Los Amigos Mexican Restaurant & Inc  
(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: Anatolio Mendoza  
Name (Printed or typed)

908 Alliegood Ct  
Address

Tallahassee, Florida 32303  
City, State & Zip

850-339-0232  
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:

Los Amigos Mexican Restaurant #2 Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2736 Capital Circle N.E.  
Tallahassee, FL 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Restaurant

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Anatolio Mendoza 908 Alliegood ct Tall. FL 32303 (President)  
Rosalba Mendoza 908 Alliegood ct Tall. FL 32303 (Vice president)

**ARTICLE VI REGISTERED AGENT**

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

Rosalba Mendoza  
908 Alliegood ct  
Tall. FL 32303

**ARTICLE VII INCORPORATOR**

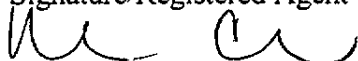
The name and address of the Incorporator is:

Rosalba Mendoza  
908 Alliegood ct  
Tallahassee, FL 32303

\*\*\*\*\*  
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



Signature/Incorporator

4-18-06

Date

4-18-06

Date

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