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(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

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

SUBJECT: El Potro Mexican Restaurant 42, 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      ☐ \$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: Arturo Escamilla  
Name (Printed or typed)

2743 Canyon Falls Dr  
Address

Jacksonville FL 32224  
City, State & Zip

904-288-6830  
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 Potro Mexican Restaurant 42, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2743 Canyon Falls Dr Jacksonville Fl 32224

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful business

### 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):

Arturo Escamilla 2743 Canyon Falls Dr Jacksonville Fl 32224 President

### ARTICLE VI REGISTERED AGENT

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

Arturo Escamilla 2743 Canyon Falls Dr Jacksonville Fl 32224

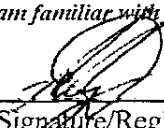
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Arturo Escamilla 2743 Canyon Falls Dr Jacksonville Fl 32224

\*\*\*\*\*

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 / Incorporator

4-27-06  
\_\_\_\_\_  
Date

FILED  
06 MAY -1 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA