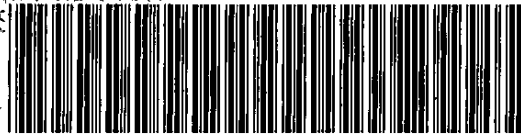


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2006 MAY 19 P 12: 26

SECRETARY OF STATE
TALLAHASSEE



800074818588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: CUBAN TASTE RESTAURANT INC
(Name of Resulting Florida Profit Corporation)

2006 MAY 19 P 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

MYRNA TRUJILLO AGUADA

(Contact Person)

CUBAN TASTE RESTAURANT INC

(Firm/Company)

3880 TAMIAMI TRAIL

(Address)

PORT CHARLOTTE, FL 33952

(City, State and Zip Code)

For further information concerning this matter, please call:

MYRNA TRUJILLO AGUADA

(Name of Contact Person)

at (941)

423-3299

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☐ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☒ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
2006 MAY 19 P 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

CUBAN TASTE RESTAURANT

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a SOLE PROPRIETORSHIP
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on MAY 19 2006
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**


CUBAN TASTE RESTAURANT INC

(Enter Name of Florida Profit Corporation)

FILED

5. If not effective on the date of filing, enter the effective date: 2008 MAY 17
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 17 day of MAY, 2006

Signature: 
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)

Printed Name: MYRNA TRUJILLO AGUADA Title: PRESIDENT

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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: CUBAN TASTE RESTAURANT INC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3880 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATION OF A RESTAURANT IN PORT CHARLOTE FLORIDA.

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):

MYRNA TRUJILLO AGUADA 2033 SMYER AV NORTH PORT, FL 34288 PRESIDENT

ARMANDO DIAZ BLARDONI 2033 SMYER AV NORTH PORT, FL 34288 VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

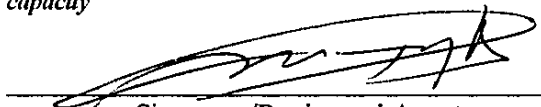
MYRNA TRUJILLO AGUADA
2033 SMYER AV
NORTH PORT, FL 34288

ARTICLE VII INCORPORATOR

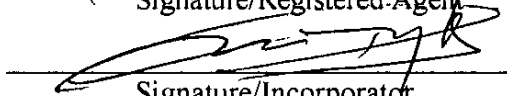
The name and address of the Incorporator is:

MYRNA TRUJILLO AGUADA
2033 SMYER AV
NORTH PORT, FL 34288

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

5-17-06

Date

5-17-06

Date

FILED
2006 MAY 19 P 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA