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To:

Division of Corporations

Fax Number : (850)205-0381

reom :

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

HABANA CUBA CAFE, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION OF

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HABANA CUBA CAFÉ, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s)

Competent to contract, hereby form a corporation under the laws of State of Florida.

ARTICLE I-CORPORATE NAME

The name of the corporation is: HABANA CUBA CAFÉ, INC.

ARTICLE II-DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III-PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

ARTICLE IV-CAPITAL STOCK

The corporation is authorized to issue <u>One hundred</u> shares (100) of <u>five</u> Dollar (s) (\$5.00) par value common stock, which shall be designated "Common Shares".

ARTICLE V-INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

NAME	ABRAMS RUFFO ROJAS	3		
ADDRESS	1886-40 TERRACE SW			
CITY	NAPLES	STATE	FL	ZIP 34116

The principal office, if known or the mailing address of the corporation is:

NAME	ABRAMS RUFFO R	OJAS		
ADDRESS	1886-40 TERRACE	SW		
CITY	NAPLES	STATE	FL	ZIP 34116

ARTICLE VI-INITIAL BOARD OF DIRECTORS

This corporation shall have <u>TWO (2)</u> director initially. The number of directors may be either increased or diminished from time to time by laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as followers:

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NAME	ABRAMS RUFFO ROJAS	}			<u></u> -	-
ADDRESS.	1886-40 TERRACE SW	=				
CITY	NAPLES	STATE	FL	ZIP	34116	
NAME	PILAR ROJAS					
ADDRESS	1886-40 TERRACE SW					
CITY	NAPLES	STATE	FL	ZIP	34116	
NAME						- -
ADDRESS						
CITY		<u> · </u>				
NAME						
ADDRESS						
CITY						
NAME			-			
ADDRESS						
CITY						

ARTICLE VII-INCORPORATORS

The name and addresses of the incorporators signing theses Articles of Incorporation are as follows:

NAME ABRAMS RUFFO ROJAS ADDRESS 1886-40 TERRACE SW CITY NAPLES STATE FL ZIP 34116 NAME PILAR ROJAS ADDRESS 1886-40 TERRACE SW CITY NAPLES STATE FL ZIP 34116 NAME ADDRESS CITY NAME				· · · · · · · · · · · · · · · · · · ·		
CITY NAPLES STATE FL ZIP 34116 NAME PILAR ROJAS ADDRESS 1886-40 TERRACE SW CITY NAPLES STATE FL ZIP 34116 NAME ADDRESS CITY NAME	NAME	ABRAMS RUFFO ROJA	S			
NAME PILAR ROJAS ADDRESS 1886-40 TERRACE SW CITY NAPLES STATE FL ZIP 34116 NAME ADDRESS CITY NAME	ADDRESS	1886-40 TERRACE SW	· · · · · · · · · · · · · · · · · · ·	_		
ADDRESS 1886-40 TERRACE SW CITY NAPLES STATE FL ZIP 34116 NAME ADDRESS CITY NAME	CITY	NAPLES	STATE	FL	ZIP	34116
CITY NAPLES STATE FL ZIP 34116 NAME ADDRESS CITY NAME	NAME	PILAR ROJAS				
NAME ADDRESS CITY NAME	ADDRESS	1886-40 TERRACE SW		-		
ADDRESS CITY NAME	CITY	NAPLES	STATE	FL	ZIP	34116
CITY	NAME			=		
NAME	ADDRESS		·	-		
	CITY					
	NAME			±.		
ADDRESS	ADDRESS					
CITY	CITY			<u> </u>		
NAME	NAME			7		
ADDRESS	ADDRESS					
CITY	CITY					

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 10^{7H} AUGUST, 2006.

PREPARED:	SOSA ACCOUNTING TAX SERVICE 570 EAST 49 STREET	Ball (s	eal)
٠ ,	HIALEAH, FL 33013	PLAC BOJAS (S	eal)
	(305) 688 – 1716	•	
	(305)688-1714	(\$	eal)
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~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		(S	Seal)

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

#### CERTIFICATE OF REGISTERED AGENT

OF

# HABANA CUBA CAFÉ, INC.

## (name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, to organize under the laws of the State of Florida with Its registered office as indicated in the Articles of Incorporation.

AT:	1886-40 TERRACE SW	<u> </u>	
	NAPLES, FL 34116		·
Has named	ABRAMS RUFFO ROJAS	<u>— : : : : : : : : : : : : : : : : : : :</u>	

Located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### ACKNOWLEDGEMENT

Having bee named as Registered Agent to accept service of process for the above state corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with provisions of Florida Lawn in Keeping open said office.

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gistered agent)

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