

P060000116238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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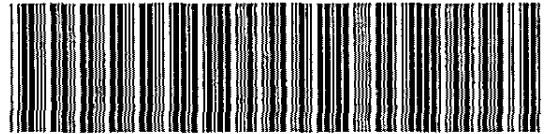
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 SEP -8 PM 12:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: ONI CAFE, 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: ALEJANDRO A. CAAL

Name (Printed or typed)

6617 WINDING OAK DR.

Address

TAMPA, FLORIDA. 33625

City, State & Zip

813- 889 - 4818

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)

FILED

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ARTICLE I NAME

The name of the corporation shall be:

ONI CAFE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6821 W. HILLSBOROUGH AVE. STE. 78
TAMPA, FL. 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN ANY BUSINESS OR ACTIVITY PERMITTED
UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

100
ONE HUNDRED.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALEJANDRO A. CAAL - PRESIDENT.
MARTA HERNANDEZ - VICE-PREDIDENT.
6617 WINDING OAK DR.
TAMPA, FL. 33625

ARTICLE VI REGISTERED AGENT

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


RALPH PEREZ
10921 AIRVIEW DR.
TAMPA, FL. 33625

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALEJANDRO A. CAAL.
6617 WINDING OAK DR.
TAMPA, FL. 33625

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

8/28/2006

Date



Signature/Incorporator

8/28/2006

Date