

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0381

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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FLORIDA PROFIT/NON PROFIT CORPORATION

dulce's cafe inc

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

<u>OF</u>

DULCE'S CAFE INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorpora-

ARTICLE I NAME

The name of the corporation shall be:

DULCE'S CAFE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1604 NE 110 STREET MIAMI, FL 33161

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DULCE M. LOPEZ 1604 NE 110 STREET MIAMI, FL 33161

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(ere):

DULCE M. LOPEZ 1604 NE 110 STREET MIAMI, FL 33161

The undersigned has(have) executed these Articles of incorporation this

EIGHT	day of MARCH	XNG: 2007
•	V- 45.0	
		Signature/Title President
		Signature/Title
		Storobyro O'tlo

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The nam	e end e	iddress of	the registe	ored ag	ent and	offica is		•	
DULCE	M LOP	E Z			an as Tas	,			·
	<u>-</u>	(P.O. 8	OX NOT A	CCEP	(ABLE				
1604 N	E 110	STREET	MIAMI,	FL	33161				
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		.,		TITLE		Presi			
				DATE	EICH	T DAY	OF !	MARCH	2007

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE X LLY THE

AR -9 PM 1:5:
VHASSEE, FLORIE

REGISTERED AGENT FILING FEE: \$20.00

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