

PO 7000073349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

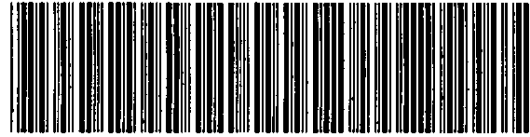
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JUN 22 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A handwritten signature or initials in the bottom center of the page.

COVER LETTER

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

SUBJECT: EL RINCON CAFETERIA 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: KARINA HITO
Name (Printed or typed)

1989 NE 173 STREET
Address

NORTH MIAMI BEACH, FL 33162
City, State & Zip

786-715-9901
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 RINCON CAFETERIA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5722 WASHINGTON STREET
HOLLYWOOD FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOOD SERVICE

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):

KARINA HITO (PRESIDENT)
1989 NE 173 STREET
NORTH MIAMI BEACH, FL 33162

ARTICLE VI REGISTERED AGENT

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

NAVARRO BUSINESS OFFICE
1170 SW 6 STREET
MIAMI FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KARINO HITO
1989 NE 173 STREET
NORTH MIAMI BEACH, FL 33162

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Edith Navarro
Signature/Registered Agent
Karino Hito
Signature/Incorporator

06/13/2007
Date
06/13/2007
Date