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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

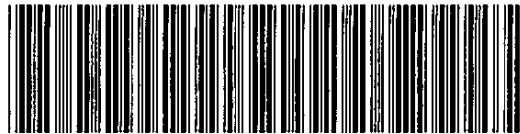
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9/7

COVER LETTER

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

SUBJECT: Sensación Restaurant & Lounge 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: Leo Torres
Name (Printed or typed)

727 E 24 St
Address

Hialeah, FL 33013
City, State & Zip

305-586-4551
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:

Sensación Restaurant & Lounge Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

The address of principle office of this corporation is 1771 Coral Way, Coral Gables, FL. 33145, and the mailing address for the corporation is 727 E 24 ST, Hialeah FL 33013

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant and Night Club

ARTICLE IV SHARES

The number of shares of stock is:

This corporation is authorized to issue 10000 shares of voting common stock having a par value of \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Orlando Ortega 191 NW 122 Ct, Miami FL 33182 Title: President

Ivetty Machin 191 NW 122 Ct, Miami FL 33182 Title: Director

Arsenio Torres Jr. 727 E 24 St, Hialeah, FL 33013 Title: Vice President

Esther Torres 727 E 24 St, Hialeah, FL 33013 Title: Director

ARTICLE VI REGISTERED AGENT

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

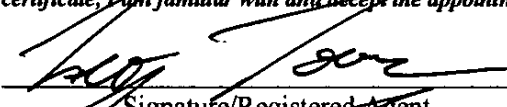
Leo Torres
727 E 24 St
Hialeah, FL 33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leo Torres
727 E 24 St
Hialeah, FL 33013

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

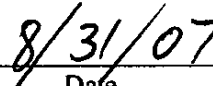


Signature/Incorporator

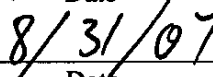
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date