

PO 70091016234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

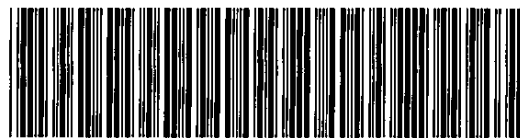
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 SEP 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Per

COVER LETTER

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

SUBJECT: El Gallo Restaurant Corp.

(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: Armando Rodriguez

Name (Printed or typed)

963 SW 6 St. Apt H

Address

Miami, FL 33130

City, State & Zip

305-710-3590

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 Gallo Restaurant Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

963 SW 6 St. Apt H

Miami, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1000 @ \$0.01 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Armando Rodriguez, President

963 SW 6 St. Apt H

Miami, FL 33130

ARTICLE VI REGISTERED AGENT

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

Armando Rodriguez

963 SW 6 St. Apt H

Miami, FL 33130

ARTICLE VII INCORPORATOR

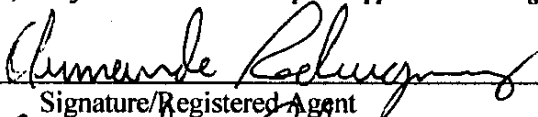
The name and address of the Incorporator is:

Armando Rodriguez

963 SW 6 St. Apt H

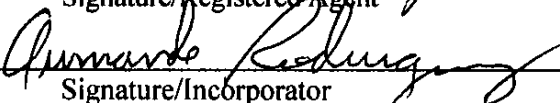
Miami, FL 33130

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

09/19/2007

Date


Signature/Incorporator

09/19/2007

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA