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| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (City/Chata/Tip/Dhana 40                |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

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

| SUBJECT:             | V.W EMPANAC                                |  | UDE SUFFIX)                      | <del>-</del> |
|----------------------|--|--|----------------------------------|--------------|
|                      | •  | <del></del>  |                                  |              |
| Enclosed are an orig | ginal and one (1) copy of the artic        | les of incorporation and                           | a check for:                     |              |
| \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO |                                  |              |
| FROM:                | Vanina loren                               | a Valdivia Printed or typed)                       | SECR<br>TALLA                    |              |
|                      | 1001 SW 128                                | AUE. Address                                       | ETAR<br>HASS                     |              |
|                      |  | Florida 3<br>State & Zip                           | YOF STATE<br>EE. FLORIDA<br>3184 | FILED        |
|                      |  | 86 - 439 - 811<br>elephone number                  | 2                                |              |

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: V W EMPANADAS Inc. PRINCIPAL OFFICE ARTICLE II The principal street address and mailing address, if different is: 1001 SW 128 AUE. Miami Florida 33184. ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: SELLING OF EMPANADAS. ARTICLE IV SHARES ONE. The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V VANINA LORENA VALdIVIA OWNER. List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: VANINA LORENA VALdIVIA 1001 SW 128 AUE. Minmi Florida 33184. ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: WILMORE TAPAUES 1001 SW 128 AUE Miami Florida 33184. 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 th<u>e appointme</u>nt as registered agent and agree to act in this capacity

Signature/Incorporator

3-23-09