

P09000036692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2009 APR 23 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 24 2009

COVER LETTER

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

SUBJECT: EL BAYU CUBAN CAFE, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Aramis Gonzalez
Name (Printed or typed)

5494 NN 55th Dr.
Address

Coconut Creek, FL, 33073
City, State & Zip

954-650-2092
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 BAYU CUBAN CAFE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5494 NW 55th DR.
COCONUT CREEK, FL. 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant

ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares at \$1.00/per

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Aramis Gonzalez / Owner
5494 NW 55th DR.
COCONUT CREEK, FL. 33073

ARTICLE VI REGISTERED AGENT

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

Aramis Gonzalez
5494 NW 55th Dr.
Coconut Creek, FL. 33073

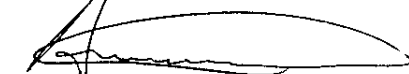
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Aramis Gonzalez
5494 NW 55th DR.
Coconut Creek, FL. 33073

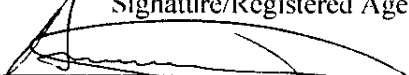
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x.



Signature/Registered Agent

x.



Signature/Incorporator

4-16-09

Date

4-16-09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA