

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090001329713)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE MILING SERVICE, INC

Account Number : I200000000019

Phone

: (305)552-5973

Fax Number

; (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORAT

LOLITA'S CAFE INC

Certificate of Status	 0
Certified Copy	 1
Page Count	03
Estimated Charge	 \$78.75

Electronic Filing Menu

Corporate Filing Menu

D.A. WHITE

H09000132971

FILED

ARTICLES OF INCORPORATION

2009 JUN -1 P 2: 00

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF LAHASSEE. FLORIDA FORMING A

CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION

ACT, HEREBY

ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE ! - NAME

THE NAME OF THE CORPORATION SHALL BE:

LOLITA'S CAFE INC.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

3034 NW 7 AVE MIAMIFE 33127

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS
THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

DoloRes C. HARTINEZ 5201 PINE TREE DRIVE MIAHI 13. 33140 FROM : LAZARUS

H09000132971

ARTICLE V - INCORPORATOR

CAROL DE OF THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO 1 ARTICLES OF INCORPORATION IS:

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS

200 9

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE