

P/10000042198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

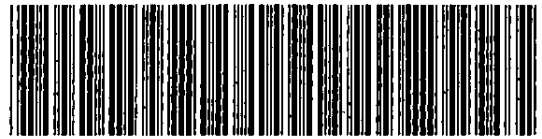
(Business Entity Name)

(Document Number)

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04/15/10--01026--006 **87.50

FILED
10 MAY 14 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 5/17/10

W10000018893



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2010

MARIA ELENA JENNINGS
2501 SOUTH OCEAN DRIVE #924
HOLLYWOOD, FL 33019

SUBJECT: EL CHORIZON RESTUARANTE, INC.
Ref. Number: W10000018893

We have received your document for EL CHORIZON RESTUARANTE, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 710A00009561



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 MAY -5 PM 12:53

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

April 19, 2010

MARIA ELENA JENNINGS
2501 SOUTH OCEAN DRIVE #924
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Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 710A00009561

COVER LETTER

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

SUBJECT: EL CHORIZON RESTAURANTE, 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MARIA ELENA JENNINGS

Name (Printed or typed)

2501 SOUTH OCEAN DRIVE #924

Address

HOLLYWOOD, FL 33019

City, State & Zip

(305) 742-9245

Daytime Telephone number

jenn8436@msn.com

E-mail address: (to be used for future annual report notification)

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 CHORIZON RESTAURANTE, INC.

ARTICLE II PRINCIPAL OFFICE

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

4315 NW 7 STREET SUITE 28-29

MIAMI, FL 33126

MAILING ADDRESS: P.O. BOX 28118 HIALEAH, FL 33002

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIA ELENA JENNINGS
2501 S. OCEAN DR. #924
HOLLYWOOD, FL 33019
DIRECTOR

ALBERTO DIAZ
821 W. 39 PL
HIALEAH, FL 33012
DIRECTOR

ARTICLE VI REGISTERED AGENT

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

MARIA ELENA JENNINGS
2501 SOUTH OCEAN DRIVE #924
HOLLYWOOD, FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA ELENA JENNINGS
2501 SOUTH OCEAN DRIVE #924
HOLLYWOOD, FL 33019

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

4-13-2010

Date



Signature/Incorporator

4-13-2010

Date

FILED
10 MAY 14 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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