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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 11/12

COVER LETTER

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

SUBJECT: _____

La Comida 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 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: _____

Maria E. Ruiz

Name (Printed or typed)

10430 S.W. 145 Ave

Address

Miami FL 33186

City, State & Zip

305-595-5407

Daytime Telephone number

mariaquiros9@hotmail.com

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

NOTE: Please provide the original and one copy of the articles.

Required Signature Incorporator

FILED

10 NOV - 8 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 29, 2010

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

Re: La Comida Inc.
P05000130403

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me at 305-595-2407.

Sincerely,



Edith E. Gonzalez

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: La Comida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9723 Hammocks Blvd + 101
Miami, FL 33196

Mailing address, if different is:

9723 Hammocks Blvd + 101
Miami, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

(EIN # 05-0627437)

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 ea.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edith E. Gonzalez, President

Address: 9723 Hammocks Blvd + 101
Miami, FL 33196

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Edith E. Gonzalez, President

Address: 9723 Hammocks Blvd + 101
Miami, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edith E. Gonzalez

Address: 9723 Hammocks Blvd + 101
Miami, FL 33196

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

Edith Gonzalez

Required Signature/Registered Agent

10/31/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Edith Gonzalez

Required Signature/Incorporator

10/31/10
Date