

P11000019577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

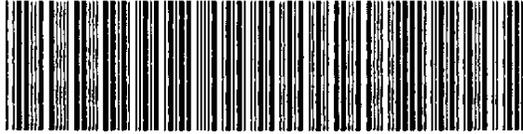
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
*W11-9029*

Office Use Only



600193912206

02/11/11--01014--018 \*\*78.75

APPROVED  
AND  
FILED  
11 FEB 24 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** EL GALLO, 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

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

**FROM:** GUSTAVO I. ORAMA  
Name (Printed or typed)

3909 W. POWHATTAN AVENUE  
Address

TAMPA, FL 33614  
City, State & Zip

(813) 527-5166  
Daytime Telephone number

ABSTAMPA@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2011

GUSTAVO I. ORAMA  
3909 W. POWHATTAN AVENUE  
TAMPA, FL 33614

SUBJECT: EL GALLO, INC.  
Ref. Number: W11000009029

We have received your document for EL GALLO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 311A00003902

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: EL GALLO ORAMA, INC.

11 FEB 24 AM 7:25

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4007 Fiesta Plaza  
Tampa, FL 33607

Mailing address SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Restaurant

**ARTICLE IV SHARES**

The number of shares of stock is: 500 shares common stock, \$1 par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gustavo I. Orama Name and Title: \_\_\_\_\_  
Address: 3909 W. Powhattan Avenue Address: \_\_\_\_\_  
Tampa, FL 33614 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Gustavo I. Orama  
Address: 3909 W. Powhattan Avenue  
Tampa, FL 33614

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gustavo I. Orama  
Address: 3909 W. Powhattan Avenue  
Tampa, FL 33614

*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*

*Gustavo I. Orama*

Required Signature/Registered Agent

2/7/11

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.*

*Gustavo I. Orama*

Required Signature/Incorporator

2/7/11

Date