

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.

(((H11000122936 3)))



H110001229363ABCZ

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 FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

annual report mailings. Enter only one email address please.**

FLORIDA PROFIT/NON PROFIT CORPORATION LATIN CAFE-USA INC

Certificate of Status 0 Certified Copy 1 02 Page Count Estimated Charge \$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H 1 1 0 0 1 2 2 9 3 0 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME LATIN CAFE - USA	エルさ	IIIIAI - 3 AM
	corporation shall be:	4 ~0	SECRETARY OF
ARTICLE II	PRINCIPAL OFFICE		TALL AHASSEE F
1K / 1C 120 11	Principal street address		Mailing address, if different is:
	quillermo alonso	2687 s	w 25 tr
	2687 sw 25 tr	miami.	fla 33133
	miami fla 33133		
- DOTO: D 177	NTROGE		
ARTICLE III	which the corporation is organized is:		
CAFE,GOU			
o, <u>_</u> ,			
ARTICLE IV	CHADEQ		
	hares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	\DC	
	Title: Guillermo Alonso presidente		e:Blas Justiz director general ced
Address:	2687 sw 25 tr	Address:	2687 sw 25 tr
*******	miami fla 33133	_	miami fla 33133
			
Name and	Title:	Name and Titl	pr.
Address:	True	Address	
Aug Ess.			
			
None and	Title:	Name and Titl	
Address:	Tibe:	Native and Titi	<u> </u>
Additoss.		/ 1001 003.	
			
	DECIMEDED ACENT		
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)	of the resistered se	ant io-
Name:	Guillermo Alonso		ent is.
Address:	2687 sw 25 tr		
	miami fla 33133		
A VI.ANNOCTE EN 1997			
	INCORPORATOR iddress of the Incorporator is:		
Name:			
Address:	2687 sw 25 tr		
	miami fla 33133		
U-ton kam na			essand assumptions on the others designated
	med as registered agent to accept service of proc and familiae with and accept the appointment as r		
ano cernyeeme, x		-8-11	ing in the in and copy and y
			5/2/2011
	Required Signature/Registered Agent		Date
l submit this As	common and affirm that the facts stated herein a	re true I ma musi	e that the false information submitted in
	Department of State constitutes of the Pagree fel		