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COVER LETTER

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

SUBJECT: EL RINCONCITO SALVADORENO 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: SANDRA TORRES
Name (Printed or typed)

8029 KIMBERLY BLVD
Address

NORTH LAUDERDALE FL 33068
City, State & Zip

954-969-9992
Daytime Telephone number

BESTAXACCOUNTING@BELLSOUTH.NET
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 Corporation

June 14, 2011

I, SANDRA TORRES President and owner of EL RINCONCITO SALVADORENO INC with P020000086681 inform that I have not desire to reinstate this Corporation. I'm asking to please file a new article of Corporation under the same name Corporation dissolved on 09/24/2010.

See attached articles of Corporation and fee.

Thank you very much

Sincerely


SANDRA TORRES

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 RINCONCITO SALVADORENO, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8029 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is **500 SHARES @1.00 PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDRA TORRES
Address: 8029 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068

Name and Title: _____
Address: _____

Name and Title: JUAN HERNANDEZ
Address: 8029 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068

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:

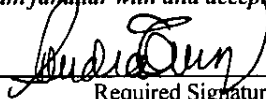
Name: SANDRA TORRES
Address: 8029 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SANDRA TORRES
Address: 8029 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068

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



Required Signature/Registered Agent

6/14/2011
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.



Required Signature/Incorporator

06/14/2011
Date