

P110000067128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

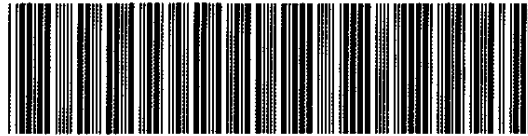
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 JUL 26 PM 3:44  
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11 JUL 26 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/26/11

COVER LETTER

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

**FILED**  
17 JUL 26 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Rosie Cabrera Inc L  
(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: Rosalba Cabrera  
Name (Printed or typed)  
908 Alliegood Ct  
Address  
Tall. FL 32303  
City, State & Zip  
850-339-0232  
Daytime Telephone number  
RosieCabrera123@yahoo.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: Rosie Cabrera Inc 1

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3212 Apalachee Pky  
Tall. FL 32311

Mailing address: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SAME

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**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**

Name and Title: Rosalba Cabrera  
Address: 908 Alliegwood Ct  
Tall. FL 32303

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

Name and Title: Angelio Mendoza  
Address: 908 Alliegwood Ct  
Tall. FL 32303

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: Rosalba Cabrera  
Address: 908 Alliegwood Ct  
Tallahassee FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rosalba Cabrera  
Address: 908 Alliegwood Ct  
Tall. FL 32303

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]  
Required Signature/Registered Agent

7-26-11  
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.

[Signature]  
Required Signature/Incorporator

7-26-11  
Date