

Division of Corporations
Aug. 25. 2011 11:00 AM

I.C.S.

No. 4678 P. 1/2 of 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BANOS, GARCIA, AND ASSOCIATES, P.A.
Account Number : I20100000067
Phone : (305) 856-6626
Fax Number : (305) 856-6628

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

Email Address:

garcia@bgpatax.com

FLORIDA PROFIT/NON PROFIT CORPORATION
HAVANA CLUB & RESTAURANT, INC.

Certificate of Status	0
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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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I C S((H110002104633)))

No. 4678 P. 2/2

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: Havana Club & Restaurant, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8220 Coral Way
Miami, FL 33155

Mailing address, if different is:

8220 Coral Way
Miami, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all business purposes.

ARTICLE IV SHARES

The number of shares of stock is: 7,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alberto Martinez, President	Name and Title: _____
Address: 8220 Coral Way	Address: _____
Miami, FL 33155	_____

Name and Title: Ilana Martinez	Name and Title: _____
Address: 8220 Coral Way	Address: _____
Miami, FL 33155	_____

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: Alberto Martinez
Address: 8220 Coral Way
Miami, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alberto Martinez
Address: 8220 Coral Way
Miami, FL 33155

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

8/11/2011
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

8/11/2011
Date

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