P11000108455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

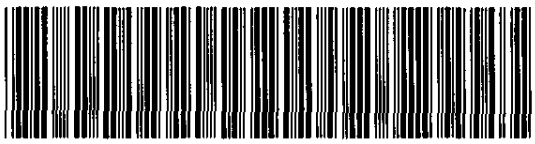
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300215475313

12/29/11--01001--003 **78.75

RECEIVED
11 DEC 28 PM 1:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 DEC 28 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/28/11

COVER LETTER

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

SUBJECT: Agramonte Restaurant Co.
(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: Alberto "Eddie"Agramonte
Name (Printed or typed)

1790 Marston Place
Address

Tallahassee Florida 32308
City, State & Zip

(850) 251-7793
Daytime Telephone number

Gordos79@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
11 DEC 28 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE
01/01/12

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: Agramonte Restaurant Co.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
1415 Timberlane Rd Suite 102
Tallahassee Fl 33212

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Restaurant

FILED
11 DEC 28 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alberto 'Eddie" Agramonte (President)
Address: 1790 Marston Pl
Tallahassee Fl 32308

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: Alberto 'Eddie" Agramonte
Address: 1790 Marston Pl
Tallahassee Fl 32308

EFFECTIVE DATE
1/1/12

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Alberto 'Eddie" Agramonte
Address: 1790 Marston Pl
Tallahassee Fl 32308

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 — Date: 12-28-11

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 — Date: 12-28-11