

P11000108455

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 DEC 28 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gr 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 28 PM 2:07

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**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

**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: \_\_\_\_\_

**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

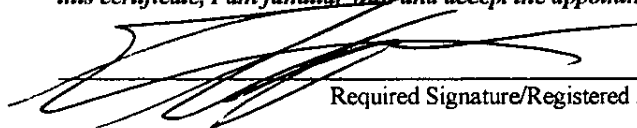
11/1/12

**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

12-28-11  
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.*

  
Required Signature/Incorporator

12-28-11  
Date