

**Florida Department of State**  
**Division of Corporations**  
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**To:**

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

**From:**

Account Name : ASSOCIATED TAX CONSULTANTS GROUP, INC  
Account Number : I20110000056  
Phone : (305) 823-9292  
Fax Number : (305) 824-0703

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

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**LOS AMIGOS DEL SOL CAFE, INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED  
12 JAN 25 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2012 JAN 25 AM 8:47  
J. Shivers

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Florida Department of State

Attention: New Filings Section

Date: January 24, 2012

To whom it may concern:

This is to advise you that the owners of LOS AMIGOS DEL SOL CAFE, INC. of Doc # P09000005389 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.



MIRIAM G NAGERA -REGISTERED AGENT

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**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: **LOS AMIGOS DEL SOL CAFE, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**20535 SW 5 STREET**  
**PEMBROKE PINES FL 33029**

Mailing address, if different is:

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: **500 SHARES**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **NAJERA, MIRIAM**  
Address: **20535 SW 5 STREET**  
**PEMBROKE PINES FL 33029**

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:

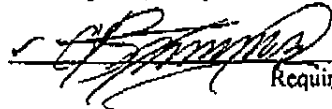
Name: **NAJERA, MIRIAM**  
Address: **20535 SW 5 STREET**  
**PEMBROKE PINES FL 33029**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **NAJERA, MIRIAM**  
Address: **20535 SW 5 STREET**  
**PEMBROKE PINES FL 33029**

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

01/24/2012

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

01/24/2012

Date

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