

P12000016446

Florida Department of State
Division of Corporations
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To:

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

From:

REN

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: ATCGI@YAHOO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
EL TROPICO CUBAN CUISINE, INC.

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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J. Stivers FEB 17 2012

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Florida Department of State

Attention: New Filings Section

Date: February 15, 2012

To whom it may concern:

This is to advise you that the owners of EL TROPICO CUBAN CUISINE, INC. of Doc # P05000039294 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.

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PEDRO VERA -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:

EL TROPICO CUBAN CUISINE, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**17020 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160**

Mailing address, if different is:

**17020 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: **500****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **PEDRO VERA, DPT**Address: **17020 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160**

Name and Title: _____

Address: _____

Name and Title: **SILVIA VERA, DVPS**Address: **17020 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

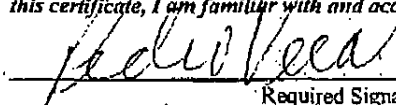
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **PEDRO VERA**Address: **17020 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **PEDRO VERA**Address: **17020 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160**

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

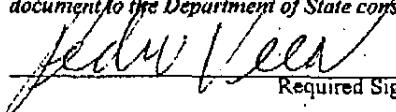


Required Signature/Registered Agent

02/15/2012

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

02/15/2012

Date

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