P2000/9238

(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



800222796918

02/24/12--01026--022 **78.75

SECRETARY OF STATEOHS
DIVISION OF CORPORATIONS
12 FEB 24 AM 11: 26

PS 2/27/12

COVER LETTER

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

SUBJECT: Party Fresh Paella Co	
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROм: Brunilda A. Zaldivar & Lau Name	Ira M. Perez (Printed or typed)
6191 East First Avenue	,
•••	ddress
Hialeah, Florida 33013 City, S	State & Zip
786-355-0547; 305-300- Daytime Te	5558 elephone number
brunyzaldivar@hotmail.c	OM for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED SECRETARY OF STATE 18

ARTICLE I			DIVISION OF CORPORATI
The name of the co	orporation shall be:		12 FEB 24 AMII: 2
ARTICLE II	PRINCIPAL OFFICE		ILICOZ4 MITTI-Z
	Principal street address		Mailing address, if different is:
	6191 East First Avenue		W 142 Avenue
J	Hialeah, Florida 33013	<u>Miami,</u>	Florida 33175
ARTICLE III		 	
The purpose for v	which the corporation is organized is:		
Any and all l	awful purpose for which companies m	nay be organiz	ed.
ARTICLE IV			
The number of sha	ares of stock is: 1,000.		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS	
	Fitle: Laura M. Perez, Director	Name and Title	
Address:	6191 East First Avenue		4010 SW 142 Avenue
	Hialeah, FL 33013		Miami, FL. 33175
			
Name and T	Fitle:	Name and Title) :
Address:		Address:	
		_	
Name and T	Citle:	Name and Title	۵۰
Address:	me.	Name and This	·
radioss.			
	REGISTERED AGENT	. 6 41	
The name and Fl Name:	orida street address (P.O. Box NOT acceptable) of Brunilda A. Zaldivar		ent is:
Address:	4010 SW 142 Avenue		
Addiess.	Miami, FL 33175	<u> </u>	
	•		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Brunilda A Zaldivar	_	
Address:	4010 SW 142 Avenue Miami, FL 33175	_	
	ivilanii, i L 55 i 7 5	_	
Having been nan	ned as registered agent to accept service of proce.	ss for the above st	ated corporation at the place designated i
this ce <mark>rtificate, I</mark> a	im familiar with and accept the appointment as re	gistered agent and	agree to act in this capacity
	1/2	_	
	Jenniadiver	· ··· · · · · · · · · · · · · · · · ·	02/20/12
	Required Signature/Registered Agent		Date
l submit this doc	ument and affirm that the facts stated herein ar	e true. I am awar	e that the false information submitted in
	Department of State constitutes a third degree felor		
		·	
	Thuman oldivar		02/20/12
	Required Signature/Incorporator		Date