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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:							
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE
ALLAMASSIE. FLORIDATZ MAR 27 PM 4: 43



## **COVER LETTER**

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

SUBJECT:	Iguanoi	(and	ina Chil	IInc		
	(PROPOSED	CORPORAT	E NAME – <u>MUST INC</u>	LUDE SUFFIX)	<u></u>	
Enclosed are an	original and one (1) copy	of the articl	es of incorporation an	id a check for:		
Enclosed are un	/		es of incorporation an	da check for.	$\neg$	
\$70.00 Filing Fe	e Filing Fee & Certificate of S	tatus	\$78.75  Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Cop & Certificate Status		
			ADDITIONAL C		D	
FROM:		j varrio į	Barrera Printed or typed)			
	2698	N, M	Monroe	St uni	+ 13	
	Tall. 4		32303		₹	
	819-4	• • • • • • • • • • • • • • • • • • • •	tate & Zip		12 HAR 27 SECRE TAR LLAMASS	η
-	ildibarrer	a a B		(t notification)	AR 27 PM 4: 1 E TARY OF STARASSEE. FLO	

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

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

ARTICLE I N. The name of the corpo	AME pration shall be:	Iguana	Cantina	Ex:(( I	inc '
(	RINCIPAL OFF Principal stree 160 Caus	taddress Hwy US		Mailing address.	
ARTICLE III PL The purpose for whice Restaur	the corporation	is organized is:			
The number of shares  ARTICLE V IN  Name and Title	TIAL OFFICE	V. Monroe St	uTa Name and Ti Unit & Address:		
Name and Title: Address:	- Presid	L 32303	Name and Ti	itle:	
Address:			Name and Ti	itle:	12 SEC 12
The <u>name and Florid</u> Name: Address:	Ildifor 2497 1 Tallal	(P.O. Box NOT acceptables of Bayrera Co N. Monroe St 1000 Ft 30	rtlasal Vnit B	gent is:	MAR 27 PH 4: AHASSEE, FLO
ARTICLE VII IN The name and addres Name: Address:	I di hou	ator is:	Carvatal		47 ORIDA
this certificate, I am fa	amiliar with and o	nt to accept service of praccept the appointment a	s registered agent ar		at the place designated in his capacity  3 - 27 - (2
I submit this docume	ent and affirm the artment of State co		ı are true. I am aw		information submitted in a $3-77-12$
·	<ul> <li>Required</li> </ul>	Signature/Incorporator			Date