

06/14/2003

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ASADOS EL PAISA RESTAURANTE, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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August 3, 2012

LAZARUS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: ASADOS EL PAISA RESTAURANTE, INC.
REF: W12000040765

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: E12000195962
Letter Number: 712A00020246

P.O BOX 6327 - Tallahassee, Florida 32314

H 12000195962

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Asados el Paisa Restaurante, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
11510 SW 147 Ave # 15
Miami, FL 33196

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Bairo / President

Address: 400 SW 19 Ave

Miami, FL 33135

Name and Title:

Address:

Name and Title: Lilliana Sanchez / Vice President

Address: 7510 SW 153 Place # 103

Miami, FL 33193

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: Lilliana Sanchez

Address: 7510 SW 153 Place # 103

Miami, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Bairo

Address: 400 SW 19 Ave

Miami, FL 33135

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

John Bairo Plczt
Required Signature/Registered Agent

08/01/12
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 9.817.155, F.S.

Required Signature/Incorporator

08/01/2012
Date

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