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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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
CUCO'S CAFE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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TALLAHASSEE FLORIDA

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12 NOV - 7 AM 11:47
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DIVISION OF CORPORATIONS

11/8/12

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

FILED
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DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be: CUCO'S CAFE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
100105 OVERSEAS HWY
KEY LARGO, FL 33037

Mailing address, if different is:
100105 OVERSEAS HWY
KEY LARGO, FL 33037

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS GARCES, PRESIDENT
Address: 100105 OVERSEAS HWY
KEY LARGO, FL 33037

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: LUIS GARCES
Address: 100105 OVERSEAS HWY
KEY LARGO, FL 33037

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS GARCES
Address: 100105 OVERSEAS HWY
KEY LARGO, FL 33037

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

11/7/12

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 s.817.155, F.S.



Required Signature/Incorporator

11/7/12

Date