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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 : CORPORATE ACCESS, INC.
Account Number : FCA000000011
Phone : (850) 222-2666
Fax Number : (850) 222-1666

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
LA ISLA CAFE, INC

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

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Corporate Filing Menu

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January 17, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATE ACCESS, INC.

SUBJECT: LA ISLA CAFE, INC
REF: W13000003470

We have received your document for LA ISLA CAFE, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: R13000011494
Letter Number: 013A00001343

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: La Isla Cafe, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
11204 E MLK BLVD
SEFFNER, FL 33584

Mailing address, if different is:

5474 WILLIAMS RD STE 2A
TAMPA, FL 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARLENE HERNANDEZ / PRESIDENT
Address: 5474 WILLIAMS RD STE 2A
TAMPA, FL 33610

Name and Title: _____
Address: _____

Name and Title: HARVEY TRIPP / VICE PRESIDENT
Address: 5474 WILLIAMS RD STE 2A
TAMPA, FL 33610

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: DARLENE HERNANDEZ
Address: 5474 WILLIAMS RD STE 2A
TAMPA, FL 33610

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DARLENE HERNANDEZ
Address: 5474 WILLIAMS RD STE 2A
TAMPA, FL 33610

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

01/25/2013

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

01/25/2013

Date