

P1300000010020

(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:

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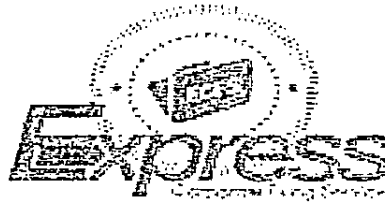


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01/28/13--01008--027 \*\*78.75

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2013 JAN 28 AM 11:36  
FILED  
13 JAN 31 AM 7:48  
NOT RECORDED  
TO AKNOWLEDGE SECRETARY OF STATE  
SUFFICIENCY OF FILING ALLAHASSEE FLORENCE

W13-5466



1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 31 AM 7:48

FILED

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Tropigala's Club, Inc.  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2013

EXPRESS CORPORATE FILING SERVICES

SUBJECT: TROPIGALA'S CLUB, INC.  
Ref. Number: W13000005466

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
2013 JAN 31 AM 10:28  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

We have received your document for TROPIGALA'S CLUB, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jessica A Fason  
Regulatory Specialist II

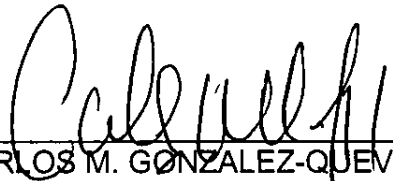
Letter Number: 013A00002123

**AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared, CARLOS M. GONZALEZ-QUEVEDO who after being first duly sworn, under oath, deposes and says:

1. The undersigned is the Director and the President TROPIGALA'S CLUB, INC. a Florida corporation to be filed with the Florida Department of State
2. The undersigned hereby consents to and authorizes the use of the name TROPIGALA'S CLUB, INC. as her is the owner of TROPIGALA'S CLUB a Trademark filed with the Division of Corporation Doc number T05000000899

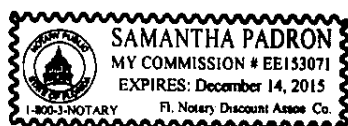
FURTHER AFFIANT SAYETH NAUGHT.


  
CARLOS M. GONZALEZ-QUEVEDO

STATE OF FLORIDA                     )  
  ) SS:  
COUNTY OF MIAMI-DADE         )

PERSONALLY appeared before me, CARLOS M. GONZALEZ-QUEVEDO who is personally known to me, who being by me first duly sworn, acknowledges that she signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 29 day of January, 2013



  
Notary Public  
SAMANTHA PADRON

FILED  
13 JAN 31 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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: TROPIGALA'S CLUB, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1421 SW 107 AVE

SAME

NUM 126

MIAMI, FL 33174

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV    SHARES**

The number of shares of stock is: SHARES: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CARLOS M. GONZALEZ-QUEVEDO

Name and Title: \_\_\_\_\_

Address

1421 SW 107 AVE

Address: \_\_\_\_\_

NUM 126

MIAMI, FL 33174

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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13 JAN 31 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CARLOS M. GONZALEZ-QUEVEDO

Address: 1421 SW 107 AVE NUM 126

MIAMI, FL 33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CARLOS M. GONZALEZ-QUEVEDO

Address: 1421 SW 107 AVE NUM 126

MIAMI, FL 33174

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TALLAHASSEE FLORIDA

*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*

Carlos M. Gonzalez-Quevedo  
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.*

Carlos M. Gonzalez-Quevedo  
Required Signature/Incorporator

01/25/2013  
Date