

P13000014293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

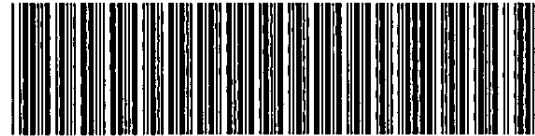
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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02/11/13--01016--002 **87.50

Special Instructions to Filing Officer:

Tula Madryal GAVE

AUTHORIZATION BY PHONE TO

CORRECT add suffix

DATE _____

DOC. EXAM. GS

Office Use Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB 11 PM 1:43

Ps 2/14/13

COVER LETTER

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

SUBJECT: café café & Co. Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Julia Madrigal
Name (Printed or typed)
8115 NW 171st Street
Address
Hialeah, Florida 33015
City, State & Zip
305.793.7127
Daytime Telephone number
cafecafeco@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

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SECRETARY OF STATE
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13 FEB 11 PM 1:43

ARTICLE I NAME

The name of the corporation shall be: cafe cafe & Co. Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8115 NW 171st Street

Hialeah, Florida 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing coffee at social events.

ARTICLE IV SHARES 10

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julia Madrigal President

Name and Title: Iliana Pulido Vice President

Address 8115 NW 171st Street
Hialeah, Fl. 33015

Address: 8923 NW 174th Street
Hialeah, Fl. 33018

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED (cont.)
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB 11 PM 1:43

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: Julia Madrigal
Address: 8115 NW 171st Street
Hialeah, Fl. 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julia Madrigal
Address: 8115 NW 171st Street
Hialeah, Fl. 33015

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

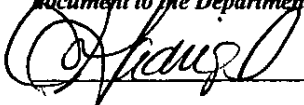


Required Signature/Registered Agent

01/30/2013

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

01/30/2013

Date