## P13000029966

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only
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## **COVER LETTER**

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

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SUBJECT: UDE SUFFIX)

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

S70.00 Filing Fee

☑ \$78.75Filing Fee& Certificate of Status

<b>🗔</b> \$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: <u>Claudia E Oscauera</u> Name (Printed or typed) 882 Kingsway rd Address Tallahassee FL 32301 City, State & Zip 850 544 42 15 Davtime Telephone number Claclosva\_OI Chotmail. 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 INCO In compliance with Chapter 607 and/	
ARTICLE I NAME The name of the corporation shall be: COISO C	Frande Mexican Restaurant CO.
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address 2135 S Byron Schler PKWy	Mailing address, if different is: $002$
•	882 Kingsway rd
Perry FL 32347	Tallahassee 72 32301
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ME Full Service	exican Restaurant
	<b>A C C C C C C C C C C</b>
••••••••••••••••••••••••••••••••••••••	
ARTICLE IV SHARES	SSI N
The number of shares of stock is: 160,	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	
Name and Title: <u>Claudia</u> E Osequera	Name and Title:
Address 882 Kingsway rd	
Tallahassee FL 320	
Tatlanassee TC sco	
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	

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		(conti.)
Name and Title:	Name and Title:	13 APR -2 PH 2: 12
Address	Address:	SECRETARY OF STATE

ARTICLE VI **REGISTERED AGENT** 

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

Name:	Claudia E Oseguera
Address:	882 Kingsway rd
	Tallabbasee SL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

	<u>Cloudia</u> É	020	cquera
:	882 King		0
	Tallahassee	1	

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

A A A A	
Required Signature/Registered Agent	

)<u>4 /02</u> 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.

λØ

etitred Signature/Incorporator

04/02/13