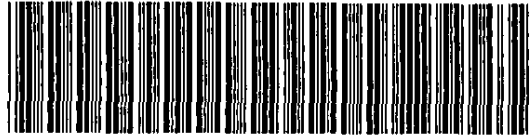


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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MD 4/11

**COVER LETTER**

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

**SUBJECT:** RUBY-GIN FAMILY CUISINE, 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

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

**FROM:** GUILLERMA M. CABUYAO  
Name (Printed or typed)

201 CAMELFORD PLACE  
Address

PENSACOLA, FLORIDA 32506  
City, State & Zip

(850)-292-6286  
Daytime Telephone number

lolojess75@yahoo.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)

**ARTICLE I NAME**

The name of the corporation shall be: RUBY-GIN FAMILY CUISINE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different

201 CAMELFORD PLACE,

PENSACOLA, FLORIDA 32506

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN THE  
BUSINESS OF A RESTAURANT AND FOR THE PURPOSE OF TRANSACTING ANY  
OR ALL OTHER LAWFUL BUSINESS PERMITTED UNDER THE LAWS OF THE  
UNITED STATES , THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY,  
TERRITORY OR NATION.

**ARTICLE IV SHARES**

The number of shares of stock is: THE AGGREGATE NUMBER OF STOCK SAID CORPORATION  
IS AUTHORIZED TO HAVE IS 100 shares at \$1.00 PAR VALUE.

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

Name and Title: GUILLERMA M. CABUYAO Name and Title: \_\_\_\_\_  
PRESIDENT

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
201 CAMELFORD PLACE  
PENSACOLA, FL. 32506

Name and Title: GINA QUIMINIANO Name and Title: \_\_\_\_\_  
VICE PRESIDENT

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
201 CAMELFORD PLACE  
PENSACOLA, FL 32506

Name and Title: RUBY QUIMINIANO Name and Title: \_\_\_\_\_  
SECRETARY / TREASURER

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
201 CAMELFORD PLACE  
PENSACOLA, FL. 32506

(cont.)

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TALLAHASSEE, FLORIDA

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: JUSTO T. RUIZ, BSC, PA, MSA

Address: 6510 ANTIETAM DR.,  
PENSACOLA, FL. ~~32503~~ 32503

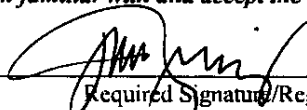
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: GULLERMA M. CABUYAO

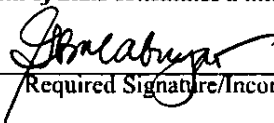
Address: 201 CAMEEFORD PLACE  
PENSACOLA, FL. 32506

*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

8 April 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

8 April 2013  
Date