

AUG/16/2013 04:55 PM

FAX No.

P 000

8/16/13

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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****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
TRU LIFESTYLE CAFE, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FAX No.

P.002
FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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

2013 AUG 16 AM 10:06

ARTICLE I NAME

The name of the corporation shall be: TRU LIFESTYLE CAFE, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10505 SW 40TH STREET
MIAMI, FL 33165

Mailing address, if different is:

3585 SW 129 AVE
MIAMI, FL 33175

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:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) BARBARA LOPEZ

Name and Title: _____

Address: 3585 SW 129 AVE
MIAMI, FL 33175

Address: _____

Name and Title: (VP) CRISTINA VALDES

Name and Title: _____

Address: 7101 SW 158 CT
MIAMI, FL 33193

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

AUG/16/2013/FRI 04:56 PM

FAX No.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 AUG 16 AM 10:06 (cond)

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:

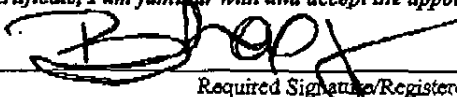
Name: BARBARA LOPEZ
Address: 3585 SW 129 AVE
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARBARA LOPEZ
Address: 3585 SW 129 AVE
MIAMI, FL 33175

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

8/16/13
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

8/16/13
Date