

NOV/18/2013 MON 01:17 PM

FAX No.

00000000

11/18/13

Division of Corporations

P/3000093887

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000254713 3)))



H130002547133ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE C.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
13 NOV 18 PM 12:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION
MI COCINA INDUSTRIAL KITCHEN, INC.

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

FILED
2013 NOV 18 PM 1:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV/18/2013/MON 01:18 PM

FAX No.

FILED P.002/003
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

2013 NOV 18 PM 1:20

ARTICLE I NAME

The name of the corporation shall be: MI COCINA INDUSTRIAL KITCHEN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13740 NW 19 AVE

SAME

BAY: 16

OPA LOCKA, FL 33054

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: (PD) RENE DE LAMAR

Name and Title: _____

Address: 13740 NW 19 AVE

Address: _____

BAY: 16

OPA LOCKA, FL 33054

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

NOV/18/2013/MON 01:18 PM

FAX No.

P. 003/003

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 NOV 18 PM 1:20

(cont.)

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: RENE DE LAMAR
Address: 13740 NW 19 AVE BAY: 16
OPA LOCKA, FL 33054

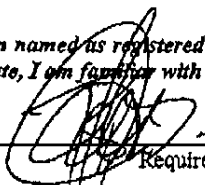
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RENE DE LAMAR
Address: 13740 NW 19 AVE BAY: 16
OPA LOCKA, FL 33054

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

(X)



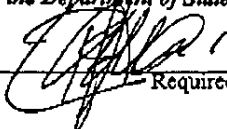
Required Signature/Registered Agent

11/18/2013

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.

(X)



Required Signature/Incorporator

11/18/2013

Date