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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

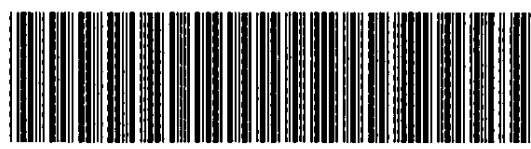
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

and 12/16

## COVER LETTER

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

SUBJECT: **TAQUERIA EL JOVENAZO, JR., 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **ESTEFANI GONZALEZ HERNANDEZ**

Name (Printed or typed)

**7130 KIMBERLY BLVD**

Address

**NORTH LAUDERDALE, FL 33068**

City, State & Zip

**954-464-4198**

Daytime Telephone number

**AGUILARMARIO27722009@LIVE.COM**

E-mail address: (to be used for future annual report notification)

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

Effective Date 01/01/2014

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: TAQUERIA EL JOVENAZO, JR., INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7130 KIMBERLY BLVD

NORTH LAUDERDALE, FL 33068

Mailing address, if different is:

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO OPERATE A RESTURANT

*Article III (a): Effective Date: The effective date of this Corporation shall be January 2, 2014.*

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Estefani Gonzalez Hernandez/Officer

Address: 4220 Woodside Dr  
Coral Springs, FL 33065

Name and Title: Mario Aguilar/Officer

Address: 4220 Woodside Dr  
Coral Springs, FL 33065

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Estefani Gonzalez Hernandez  
Address: 7130 Kimberly Blvd  
North Lauderdale, FL 33068

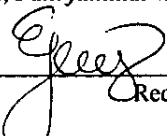
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Estefani Gonzalez Hernandez  
Address: 4220 Woodside Dr  
Coral Springs, FL 33065


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TALLAHASSEE, FLORIDA

*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

12-10-13  
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

12-10-13  
Date