

P/4000055/54

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

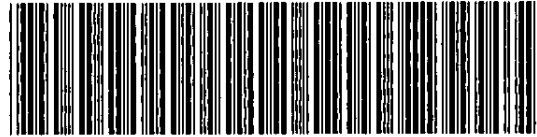
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/26/14--01001--015 **87.50



14 JUN 25 PM 4:35

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JUN 25 2014

06/25/14

COVER LETTER

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

SUBJECT: _____
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Wilfrido Perez
Name (Printed or typed)

4085 Mission rd
Address

Tallahassee FL 32303
City, State & Zip

8502108508
Daytime Telephone number

chufy@aol.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: Echalee Mexican Grill INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

666 W Tennessee st Suite 2-3
Tallahassee FL 32304

Mailing address, if different is:

4085 Mission rd
Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wilfrido Perez Name and Title: _____

Address: 4085 Mission rd Address: _____
Tallahassee FL 32303 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
JUN 25 2014
TALLAHASSEE, FL
CLERK OF THE CIRCUIT COURT

14 JUN 25 PM 4:36

WILFRIDO PEREZ

(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: Wilfrido Perez
Address: 4085 Mission Rd
Tallahassee FL 32303

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NOTED
JUN 25 2014

ARTICLE VII INCORPORATOR

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

Name: Wilfrido Perez
Address: 666 West Tennessee st suite 2/3
Tallahassee FL 32304

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

Wilfrido Perez
Required Signature/Registered Agent

06-25-14
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.

Wilfrido Perez
Required Signature/Incorporator

06-25-14
Date