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COVER LETTER

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

SUBJECT: ARERE CUBAN 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 ☒ \$78.75
Filing Fee 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 |
| ADDITIONAL COPY REQUIRED | |

FROM: **MANUEL GONZALEZ**

Name (Printed or typed)

13269 SW 202ND TERRACE

Address

MIAMI, FLORIDA 33177

City, State & Zip

305 299-1165

Daytime Telephone number

arerecubancuisine@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: ARERE CUBAN CUSINE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13269 SW 202ND TERRACE

MIAMI, FL 33177

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: MANUEL GONZALEZ

Name and Title: PRESIDENT

Address 13269 SW 202ND TERRACE
MIAMI FL 33177

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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COUNTY CLERK
MIAMI-Dade County, Florida

(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: MANUEL GONZALEZ
Address: 13269 SW 202ND TERRACE
MIAMI, FL 33177

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ARTICLE VII INCORPORATOR

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

Name: MANUEL GONZALEZ
Address: 13269 SW 202ND TERRACE
MIAMI, FL 33177

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

manuel gonzalez
Incorporator

Date

9-25-2014

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

Date