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COVER LETTER

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

SUBJECT:	VARADERO'S CUBAN CAFE, 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		

FROM:	ALEIRAM DE LAS CAGIGAS				
i ROM.	Name (Printed or typed)				
	300 N. CLEMATIS ST				
_	Address				
	WEST PALM BEACH, FL 33401 City, State & Zip 561-436-9597 Daytime Telephone number				
-					
_					
	ALEXCAGIGAS@GMAIL.COM				
E-mail address: (to be used for future annual report notificat					

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)

me of the corporat			
	VCIPAL OFFICE Principal street address	Mailing add	fress, if different is:
	MATIS ST		
	EACH, FL 33401		
	POSE OLIDA		
rpose for which the	POSE ne corporation is organized is: CUBA	AN FOOD RES	IAURANI
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			SEC TALL
CLE IV SHA	<u>RES</u> stock is:		SECRETALIAHAS
mber of shares of	stock is: 100		16
mber of shares of	Stock is: TOO STAL OFFICERS AND/OR DIRECTO. ALEIRAM DE LAS CAGIGAS PRESIDENT	_	16 PH
mber of shares of	Stock is:	RS Name and Title:	16
mber of shares of	CIAL OFFICERS AND/OR DIRECTO. ALEIRAM DE LAS CAGIGAS, PRESIDENT 300 N. CLEMATIS ST	_	16 PH
mber of shares of CLE V INTI Name and Title	Stock is:	Name and Title:	16 PH
mber of shares of CLE V INTI Name and Title	CIAL OFFICERS AND/OR DIRECTO. ALEIRAM DE LAS CAGIGAS, PRESIDENT 300 N. CLEMATIS ST	Name and Title:Address:	16 PH
mber of shares of CLE V INT Name and Title Address	CIAL OFFICERS AND/OR DIRECTO. ALEIRAM DE LAS CAGIGAS, PRESIDENT 300 N. CLEMATIS ST WEST PALM BEACH, FL 33401	Name and Title:Address:	16 PH 2: 44 TWIY OF STATE ASSEE FLORIDA
The V INTI Name and Title Address Name and Title:	CIAL OFFICERS AND/OR DIRECTO. ALEIRAM DE LAS CAGIGAS, PRESIDENT 300 N. CLEMATIS ST WEST PALM BEACH, FL 33401	Name and Title: Address: Name and Title:	16 PH 2: 44 IMIY OF STATE ASSEE FLORIDA
mber of shares of CLE V INT Name and Title Address	CIAL OFFICERS AND/OR DIRECTO. ALEIRAM DE LAS CAGIGAS, PRESIDENT 300 N. CLEMATIS ST WEST PALM BEACH, FL 33401	Name and Title: Address: Name and Title:	16 PH 2: 44 TWIY OF STATE ASSEE FLORIDA
The V INTI Name and Title Address Name and Title:	CIAL OFFICERS AND/OR DIRECTO. ALEIRAM DE LAS CAGIGAS, PRESIDENT 300 N. CLEMATIS ST WEST PALM BEACH, FL 33401	Name and Title: Address: Name and Title: Address:	16 PH 2: 44 IMIY OF STATE ASSEE FLORIDA
The V INTI Name and Title Address Name and Title:	CIAL OFFICERS AND/OR DIRECTO. ALEIRAM DE LAS CAGIGAS, PRESIDENT 300 N. CLEMATIS ST WEST PALM BEACH, FL 33401	Name and Title: Address: Name and Title: Address:	16 PH 2: 44 IMIY OF STATE ASSEE FLORINA
Mame and Title Address Name and Title: Address	PIAL OFFICERS AND/OR DIRECTO. ALEIRAM DE LAS CAGIGAS, PRESIDENT 300 N. CLEMATIS ST WEST PALM BEACH, FL 33401	Name and Title: Address: Name and Title: Address:	16 PH 2: 44 NATA OF STATE ASSEE SLORIDA
Mame and Title Address Name and Title: Address	PIAL OFFICERS AND/OR DIRECTO. ALEIRAM DE LAS CAGIGAS, PRESIDENT 300 N. CLEMATIS ST WEST PALM BEACH, FL 33401	Name and Title: Address: Name and Title: Address: Name and Title:	16 PH 2: 44 NATA OF STATE ASSEE SLORIDA



(conti.)

Name	and Title:	_ Name and Title	14 OCT 16 PH 2: 44
Addre	ess	_ Address:	SECRETARY OF STATE TALLAMASSEE FLORIDA
		-	
		-	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	of the registered age	ent is:
Name:	ALEIRAM DE LAS CAGIGAS		
Address:	300 N. CLEMATIS ST	-	
	WEST PALM BEACH, FL 33401	~	
ARTICLE VI	I INCORPORATOR	_	
The <u>name and</u>	address of the Incorporator is:		
Name:	ALEIRAM DE LAS CAGIGAS		
Address:	3050 SHERWOOD FOREST BLVD	_	
	GREENACRES, FL 33401	~-	
	amed as registered agent to accept service of proces. I am familiar with authiccept the appointment as re		
			10-9-2014
	Requires signature/Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date
I submit this d document to th	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felor	true. I am aware sy as provided for	that the false information submitted in a in s.817.155, F.S.
		· - •	10-9-2014
	Required gnature/Incorporator		Date