

P/4000089862

(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



300265719403

300265719403  
10/28/14--01016--001 \*\*78.75

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14 NOV -3 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-65759

11/04/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2014

ELBA CENTENO  
1024 DAWSON DR.  
DELTONA, FL 32725

SUBJECT: SABOR LATINO RESTAURANT, INC.  
Ref. Number: W14000065759

We have received your document for SABOR LATINO RESTAURANT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P94000081892 (SABOR LATINO RESTAURANT CORP.).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 114A00023178

## COVER LETTER

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

**SUBJECT:** Sabor Latino Restaurant of Deltona, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Elba Centeno  
Name (Printed or typed)  
1024 Dawson Dr.  
Address  
Deltona, FL 32725  
City, State & Zip  
386-259-4501  
Daytime Telephone number  
elba.melon@hotmail.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: Sabor Latino Restaurant of Deltona, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1024 Dawson Dr

Same

Deltona, FL 32725

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Retail Food Vendor, Full Service Restaurant.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Limary Centeno/President

Name and Title: Yamelit Maldonado/VP

Address 1024 Dawson Dr

Address: 1024 Dawson Dr

Deltona, FL 32725

Deltona, FL 32725

Name and Title: Elba Centeno/Manager

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

Address 1024 Dawson Dr

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

Deltona, FL 32725

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

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

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

(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: Elba Centeno  
Address: 1024 Dawson Dr  
Deltona, FL 32725

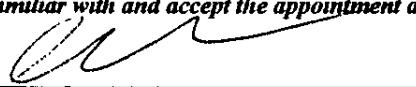
FILED  
11/01/2014  
PM 2:47  
TALLAHASSEE, FL  
CLERK OF THE COURT

**ARTICLE VII INCORPORATOR**

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

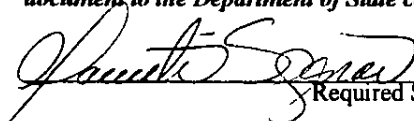
Name: Mariceli Segarra  
Address: 1274 Fort Smith Blvd  
Deltona, FL 32725

*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

11/01/2014  
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

11/01/2014  
Date