P15000042723

Division of ... Page 1 of ...

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000112391 3)))

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

15 MAY -7 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
CAFE 6303, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

94034

Please file this on the day that was fax 5/7/15

Electronic Filing Menu Corporate Filing Menu Help

e-fax 5/12/15

H15000112391

(4)

COVER LETTER

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

SUBJECT: Cafe 6303, 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: ALFRED Diaz
Name (Printed or typed)

6303 Blue Lagoon Drive
Address

Miami, FL 33016
City, State & Zip

305-528-3130
Daytime Telephone number

ALDAnisupplies@aol.com
E-mail address: (to be used for future annual report notification)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2015

CORP USA

SUBJECT: CAFE 6303
REF: W15000033493

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000112391
Letter Number: 615A00009906

RECEIVED
15 MAY 12 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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: CAFE 6303, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

ALFRED DIAZ
6303 BLVD LAGOON DRIVE
MIAMI, FL 33126

Mailing address, if different is:

16262 N.W 85 CT
MIAMI, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSACT ANY UNLAWFUL BUSINESS

15 MAY 27 AM 10:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED AND FILED

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALFRED DIAZ
Address: 16262 N.W 85 CT
MIAMI, FL 33016

Name and Title: PRESIDENT
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

APPROVED AND FILED (cont.)

15 MAY -7 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ALFRED Diaz

Address: 16262 N.W. 85 CT

Miami, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALFRED Diaz

Address: 16262 N.W 85 CT

Miami, FL 33016

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

_____ 5-7-15

Required Signature/Registered Agent 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.

_____ 5-7-15

Required Signature/Incorporator Date

H15000112391

05/12/2015 15:01 3056339696 CORP USA PAGE 05/05