PISOUUS 6178

(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:				
	ř			

Office Use Only

W1500043796

JUL 0 8 2015

T. SCOTT



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15 JUL -6 AH 9: 25



June 25, 2015

ALVARO AVELAR 343 W CENTRAL AVE LAKE WALES, FL 33853

SUBJECT: TACOS DANIEL INC. Ref. Number: W15000043796

We have received your document for TACOS DANIEL 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 registered agent must sign accepting the designation.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 515A00013400

COVER LETTER

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

SUBJECT: Tacos D	aniel Inc.		
SCIMECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: Alv		e (Printed or typed)	
343	W Central Ave		
		Address	
Lak	te Wales, Florida 33853		
<u>-</u>	City	, State & Zip	
863	-605-4314		
	Daytime 1	Celephone number	
tacc	osdanielfl@gmail.com		
	E-mail address: (to be use	d 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 corporate	on shall be:		
ARTICLE II PRINC	IPAL OFFICE Principal street address Wells Florida 33853	Mailing address	, if different is:
ARTICLE III PURPO The purpose for which th	SE N/A e corporation is organized is:		
			15
ARTICLE IV SHARE The number of shares of	<u>ES</u> 100 stock is:		6 AM 9: 25
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
Name and Title		Name and Title:	
Address	343 W Central Ave	Address:	
	Lake Wells Florida 33853		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:	<u> </u>	Name and Title:	
Address		Address:	

Name ar	nd Title:	Name and Title:
Addres	s	Address:
	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Alvaro Avelar	
Address:	343 W Central Ave	
	Lake Wells Florida 33853	
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Alvaro Avelar	, -
Address:	343 W Central Ave	_
	Lake Wells Florida 33853	-
Effective date, i	• • • • • • • • • • • • • • • • • • •	. (OPTIONAL) not be more than five business days prior or 90 business
Note: If the dat	-	e statutory filing requirements, this date will not be listed as
	amed as registered agent to accept service of proce I am familiar with and accept the appointment as r	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
		e true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree fel-	ony as provided for in s.817.155, F.S.
	Santan)	4/18/15
Req	nred signature/Incorporator	Date

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