P160000130031

(Requestor's Name)

(Address)

(Address)

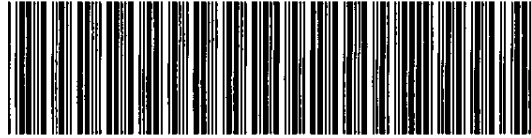(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

02/09/16

COVER LETTER

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

SUBJECT: ADOBO PUERTO RICAN CUZINE INC
_____
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

❑ $70.00   ■ $78.75 | ❑ $78.75   ❑ $87.50
Filing Fee Filing Fee | Filing Fee   Filing Fee,
            & Certificate of Status | & Certified Copy   Certified Copy
                                 | & Certificate of
                                 | Status
                                 | **ADDITIONAL COPY REQUIRED**

FROM: ALEXANDER VELEZ
_____
Name (Printed or typed)

2413 AINSWORTH AVE
_____
Address

SPRING HILL FL 34609
_____
City, State & Zip

347 902 6132
_____
Daytime Telephone number

NYCSPIKES@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: ADOBO PUERTO RICAN CUZINE INC

ARTICLE II   PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
3429 DELTONA BLVD	2413 AINSWORTH AVE
SPRING HILL FL 34606	SPRING HILL FL 34609

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH

CORPORATIONS MAY BE INCORPORATED IN THIS STATE

ARTICLE IV   SHARES
The number of shares of stock is: 100

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDER VELEZ   Name and Title: PRESIDENT

Address   2413 AINSWORTH AVE   Address:

               SPRING HILL FL 34609

Name and Title: Name and Title:

Address   Address:

Name and Title: Name and Title:

Address   Address:

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: ALEXANDER VELEZ
_____

Address: 2413 AINSWORTH AVE
_____

SPRING HILL FL 34609
_____

ARTICLE VII   INCORPORATOR

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

Name: ALEXANDER VELEZ
_____

Address: 2413 AINSWORTH AVE
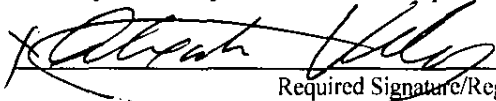_____

SPRING HILL FL 34609
_____

ARTICLE VIII   EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 01/26/2016
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.

_____ 01/26/2016
Required Signature/Incorporator Date