Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION CHAO AMIGO PIZZERIA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

			,	
<u>ARTICLE II PRIN</u>	CHAO AMIGO PIZ tion shall be: CIPAL OFFICE Principal street address		Mailing address, if different is:	
1978 W 60 ST		<u> </u>		
HIALEAH, FL,33012				
ARTICLE III PURPO	OSE the corporation is organized is:	estaurant pizzeria		16 MAY
				MA
				<u> </u>
				<u> </u>
			<u>.</u>	<u>-19-</u>
				اب-
ARTICLE V SHAR The number of shares of ARTICLE V INITIA Name and Title Address	stock is:	TORS		
	1978 W 60 ST HIALEAH , FL, 33012 PRESIDENT 50 %	Name and Title Address:	JESSICA RODRIGUEZ 1978 W 60 ST HIALEAH ,FL,33012 VICE PRESIDENT 50%	
Name and Title Address	1978 W 60 ST HIALEAH , FL, 33012 PRESIDENT 50 %	Address: Name and Title	1978 W 60 ST HIALEAH ,FL,33012	

Name and Title:		Name and Title:			
Address		Address:			
	REGISTERED AGENT Norida street address (P.O. Box NOT acc	aptable) of the registered agent is:			
Name:	ISMAY ALONSO IMENEZ				
Address:	1978 W 60 ST		·		
	HIALEAH, FL, 33012		→ 👨		
			3		
ARTICLE VII	INCORPORATOR				
Tee name and a	address of the Incorporator is:				
Name:	ISMAY ALONSO JIMENEZ		E Figure		
Address:	1978 W 60 ST	·	2: 3:		
	HIALEAH, FL, 33012		57		
Effective date, if	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific a	. (OPTIONAL) nd cannot be more than five business days	prior or 90 business		
Note: If the date the document's e	e inserted in this block does not meet the seffective date on the Department of State's	pplicable statutory filing requirements, this de records.	ate will not be listed as		
Having been nat (hts certificate, I	med as registered agent to accept service am familiar with and accept the appoints	of process for the above stated corporation at tenu as registered agent and agree to act in thi	t the place designated in is capacity		
	B.	4	4-30-16		
	Required Signature/Registered A	gent	Date		
I submit this document to the	cument and affirm that the facts stated h Department of State constitutes a third de	erein are true. I am aware that the false info gree felony as provided for in s.817.195, F.S.	rmation submitted in a		
4			4-30-16 Date		
Requ	ired Signature/Incorporator		Date		