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(Address)

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6/29/16

COVER LETTER

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

SUBJECT: Soy TACO Co.
(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: William F. Galotti II
Name (Printed or typed)

2345 Armistead Rd.
Address

Tallahassee, FL 32308
City, State & Zip

850-766-8796
Daytime Telephone number

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

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

EFFECTIVE DATE 06/20/16

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: SOY TACO CO.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

2345 Armistead RD.
Tallahassee, FL 32308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Create a MOBile Food CART. Company.

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Will Galotti C.E.O.
Address: 2345 Armistead RD
Tallahassee, FL
32308

Name and Title:
Address:

Name and Title: Holly Galotti C.F.O.
Address: 2345 Armistead RD.
Tallahassee, FL
32308

Name and Title:
Address:

Name and Title: Jason Gwell C.O.O.
Address: 709 Simmons ST.
Tallahassee FL
32303

Name and Title:
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: William F. Galotti II

Address: 2345 Armistead RD
Tallahassee, FL 32308

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ARTICLE VII INCORPORATOR

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

Name: William F. Galotti

Address: 2345 Armistead RD
Tallahassee, FL 32308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6-20-16 . (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

_____ 6-20-16
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.

_____ 6-20-16
Required Signature/Incorporator Date