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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 AUG 29 AM 10:29

*h* 09/07/16

## COVER LETTER

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

SUBJECT: RINCON CAFETERIA CORP.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: MARGARITA GONZALEZ  
Name (Printed or typed)

2900 N 26TH AVE UNIT 213  
Address

HOLLYWOOD FL 33020  
City, State & Zip

305-469-2498  
Daytime Telephone number

MARIVAN 1331@gmail.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: RINCON CAFETERIA CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3072 NW 54TH STREET  
MIAMI FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful  
business, sell of food & beverages

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason M. McWithey PVT Name and Title: \_\_\_\_\_

Address: 1701 Skees Rd Address: \_\_\_\_\_

Lot 24  
West Palm Beach FL  
33411

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: MARGARITA GONZALEZ  
Address: 2900 N 26TH Ave #213  
HOLLYWOOD FL 33020

**ARTICLE VII INCORPORATOR**

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

Name: Jason M. Mcwithe  
Address: 1701 Skees Rd  
Lot 24, West Palm Beach, FL  
33411

**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*

\_\_\_\_\_  
Required Signature/Registered Agent  
8/22/16  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
8/23/16  
Date

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