

P1600076925

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000232470 3)))



H160002324703ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**CAFETERIA 827 INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SEP 20 2015

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 20 2015

T. SCOTT

**ARTICLES OF INCORPORATION H16000232470**  
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:CAFETERIA 827 INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

109 NE 2nd AveDANIA FL 33004**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**CANDIDA A. FLORES DE MERCIER (P)  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Candida A. Flores De Mercier109 NE 2nd AveDania FL 33004**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Candida A. Flores De Mercier109 NE 2nd AveDania FL 33004

16 SEP 19 PM 1:34

H16000232470

H16000232470

**Required Signatures:**

**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**

Candida Flor de Mercurio \_\_\_\_\_  
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.**

Candida Flor de Mercurio \_\_\_\_\_  
Incorporator Date

H16000232470