

P140000085635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

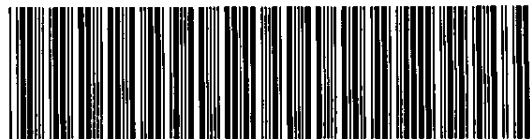
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS
OCT 25 2016



700286035647

07/27/16--01015--018 **35.00

06/01/16--01026--004 **35.00

2016 JUN -1 PM 1:03
FILED
TALLAHASSEE FL 32301
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2016

ALEXANDRA LOZANO
8317 west atlantic blv
coral springs, FL 33071

SUBJECT: EL PADRINO CORP
Ref. Number: W16000064613

2016 JUN -1 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EL PADRINO CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

In order for us to process your entity's name, we would need a name that is more distinguishable than the active entity filed. For example the entity name would have to be EL PADRINO & SONS, CORP. The is a name that is more distinguishable than the active entity name that we have on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 016A00020043

16 OCT 24 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: EL PADRINO ASSOCIATES, 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: ALEXANDRA LOZANO

Name (Printed or typed)

8317 WEST ATLANTIC BLVD

Address

CORAL SPRINGS FL 33071

City, State & Zip

954-227-0911

Daytime Telephone number

N2333@AOL.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: EL PADRINO ASSOCIATES, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1591 NW 77 Way, Pembroke Pines FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

2016 JUN - 1 PM 1:03
TEQUILA
MILANASSER, S.L. INC.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martin S. Gonzalez - President

Name and Title: Leandro G. Robles - Vicepresident

Address: 1591 NW 77 WAY
Pembroke Pines FL 33024

Address: 5410 South Lakewood Circ S
Margate FL 33063

Name and Title: Luzma E. Lopez - Secretary

Name and Title:

Address: 1591 NW 77 Way
Pembroke Pines FL 33024

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: ALEXANDRA LOZANO

Address: 8317 WEST ATLANTIC BLVD

CORAL SPRINGS FL 33024

2016 JUN - 1 PM 1:03
DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: MARTIN S. GONZALEZ

Address: 1591 NW 77 WAY

PEMBROKE PINES, FL 33024

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

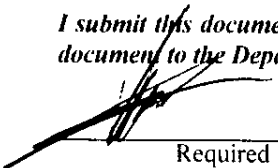


Required Signature/Registered Agent

10-17-16

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

10-17-16

Date