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		Division of Co	porations	- Car
		Fax Number	: (850)617-6381	130
	From:			cu
		Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
		Account Number	: I2000000019	
		Phone	: (305)552-5973	
	:	Fax Number	: (305)675-5944	40
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Ċ	**Fnter	the email address	s for this business entity to be used for future	40
			ngs. Enter only one email address please.**	
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655	: ::::::::::::::::::::::::::::::::::::	FLORIDA PRO	OFIT/NON PROFIT CORPORATION	

FLORIDA PROFIT/NON PROFIT CORPORATION 90 MILLAS RESTAURANTE & CAFE CORPORATION

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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ARTICLES OF INCORPORATION H 160 0 0 2 6 8 6 3 4

ARTICLE I NAME: The name of the corporation is:

 90 Millas	Rest	taurant	e Su	Cafe	COLDORO	Sion
		PRINCIPAL O			,	•

. 10 Milles Nesiavian les care corpe	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
5904 w 20 ave, Hialeat, FL, 33016	
ARTICLE III SHARES: The number of shares of stock is: 100	_•
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
KAITY MARTINEZ (P)	
5904 W 20 AVE.	
HIALEAH FL. 33016	
	-
	087
	<u>ω</u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	31
The name and Florida street address (PO Box not acceptable) of the registered agent is	a p
KATTY MARTINEZ	Q P
5904 W 20 AVE	
HIALEAN FL. 33016	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Katty Martinez	
5904 W 20 AVE	
HIALEAH FLORIDA 33016	

H16000268634

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

Registrate Agent 10-31-16

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.

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