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FLORIDA	PROFIT/NON	PROFIT	CORPORATION
	PAPA C	ORN INC	

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FLORIDA DEPARMENT OF STATE

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owner of PAPA CORN INC. of Doc. # P15000076881 are the same owners of the attached articles of incorporation. We have dissolved the company and have no Intention of reopening it. Thank you for your help in this matter.

Very Sincerely

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

PAPA CORN INC

(TAXID#47-5099298)

ARTICLE II - PRINCIPLE OFFICE

The principal place of business and mailing of this corporation shall be:

6940 NW 179 STREET • HIALEAH, FLORIDA 33015

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

EDUARDO ARROYO 6940 NW 179 STREET HIALEAH, FLORIDA 33015

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Article of incorporation is

In Guller

JULIO GUILLEN 6940 NW 179 STREET

HIALEAH, FLORIDA 33015

(PRESIDENT)

The undersigned incorporator has executed these Articles of Incorporation these 03th days of January 2017.

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ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Article of Incorporation is (are)

JULIO GUILLEN

(PRESIDENT)

6940 NW 179 STREET HIALEAH , FLORIDA 33015

EDUARDO ARROYO

(SECRETARY)

6940 NW 179 STREET

HIALEAH, FLORIDA 33015

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designed in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provision of all statutes releated to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registers. Agent.

Registered Agent Signature

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