PAGE 01/03

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.

(((H17000039231 3)))



H170000392313ABC

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: I2000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

FLORIDA PROFIT/NON PROFIT CORPORATION EL MAYOR KING INC

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

2nd Transmission

Help

Electronic Filing Menu

Corporate Filing Menu

ne 2/10/17

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profil) 17000039231

ARTICLE! NAME: The name of the corporation is:	
El MAYOR KILG INE	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
1155 W 26 9T APT #3 HIALEAH FL 6	
33010	
ORX -	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INTIIAL DIRECTORS AND/OR OFFICERS:	
AMADO ERUZ-MÁS P) Luis Alberto de gesús Gouzaltz (VP)	
Luis Alberto de 21505 GONZAKZ (VP	
AMERICAN DE LA MARCHEMENTE ACTUANT ANTA CYPRITY ATLANTICA.	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Amado CRUZ Mas	
1155 W 200 ST Apt 3	
Hialeah FL 33010	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	

Required Signatures:

it gran er i i i

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

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.

Incorporator Date

SEUNCONT OF STATE PALL AHASSEF FI CRIMA