

P17000020262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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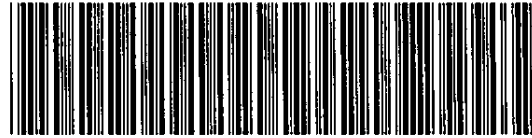
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/08/17

COVER LETTER

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

SUBJECT: LA NUEVA SAN SALVADOR RESTAURANT 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: JAMES GONZALEZ

Name (Printed or typed)

3650 NW 82ND AVE SUITE 404

Address

DORAL, FL 33166

City, State & Zip

3054063800

Daytime Telephone number

ATPLUS@LIVE.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **SOFIA PINEDA**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **LA NUEVA SAN SALVADOR RESTAURANT CORP.**, a Florida corporation to be filed with the Florida Department Of State on or about **MARCH 1ST 2017**.
2. The undersigned hereby consents to and authorizes the use by **LA NUEVA SAN SALVADOR RESTAURANT CORP.**, of the name **LA NUEVA SAN SALVADOR RESTAURANT CORP.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

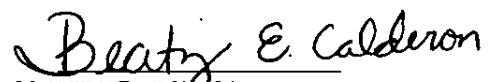
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TALLAHASSEE, FLORIDA

SOFIA PINEDA

) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, **SOFIA PINEDA**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 1ST day of **MARCH, 2017**


Notary Public Signature
BEATRIZ E CALDERON
MY COMMISSION #FF128294
EXPIRES June 2, 2018
(407) 398-0153 FloridaNotaryService.com

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: LA NUEVA SAN SALVADOR RESTAURANT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
4601 WEST FLAGLER ST.

MIAMI, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SOFIA PINEDA PRESIDENT

Address 4601 WEST FLAGLER ST.
MIAMI, FL 33134

Name and Title: Orlando Martinez Vice President

Address: 4601 WEST FLAGLER ST.
MIAMI, FL 33134

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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: SOFIA PINEDA
Address: 4601 WEST FLAGLER ST.
MIAMI, FL 33134

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ARTICLE VII INCORPORATOR

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

Name: SOFIA PINEDA
Address: 4601 WEST FLAGLER ST.
MIAMI, FL 33134

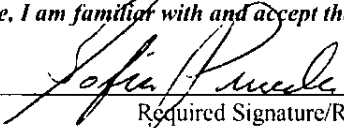
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

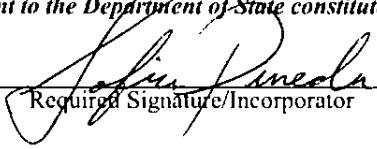
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 3/2/2017
Required Signature/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.

 3/2/2017
Required Signature/Incorporator Date