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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORP USA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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RECEIVED
17 JUL 26 PM 3:59
FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
DELICIAS DE SABOR HONDURENO, INC.

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

D O'KEEFE
JUL 27 2017

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: Delicias de Sabor Hondureño, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

110 NW 9 Avenue no. 10
Miami Fl. 33128

Mailing address, if different is:

110 NW 9 Avenue NO.10
Miami Fl. 33128

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: General purpose

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elsa Reyes - Pres.
Address 110 NW 9 Ave. no. 10 Miami Fl. 33128

Name and Title:
Address:

Name and Title: Jose A. Reyes - VP
Address 110 NW 9 Ave. no. 10 Miami Fl. 33128

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Elsa Reyes

Address: 110 NW 9 Ave. No. 10

Miami Fl. 33128

ARTICLE VII INCORPORATOR

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

Name: Elsa Reyes

Address: 110 NW 9 Ave. no. 10

Miami Fl. 33128

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

x Elsa Reyes
Required Signature/Registered Agent

7-26-2017
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.

x Elsa Reyes
Required Signature/Incorporator

7-26-2017
Date