(Requestor's Name) (Address)	100304810211
(Address)	10000-010211
(City/State/Zip/Phone #)	10/23/1701018004 **70.00
(Business Entity Name)	
(Document Number)	
rtified Copies Certificates of Status	
Special Instructions to Filing Officer:	17 OCT 23 PH 3: 55 WILLARSSEELFLOREA
Office Use Only	
N. SAMS	
OCT 2 4 2017	

Please release the name Taqueria Mexicana Restaurante, Inc. to be reused.

Maria Benitez Fernandez - President

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Monfail

17 OCT 23 PH_3: 55 ALT ARESTED TOWARD

† |

COVER LETTER

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

SUBJECT:	TAQUERIA MEXICANA RESTAURANTE, INC.
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee

00 • \$78.75

Filing Fee & Certificate of Status

\$78.75	3 \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

1

MARIA BENITEZ FERNANDEZ

FROM:

Name (Printed or typed)

Address

12215 COLLIER BLVD #8, NAPLES, FL 34116

City, State & Zip

239-231-5038

Daytime Telephone number

NAPLESTAXACCOUNTING@GMAIL.COM

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

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

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

TICLE 1 NAME name of the corporat	TAQUERIA MEXICANA RES	TAUKANTE, INC.	<u></u>
<u>TICLE II PRINC</u>	<u>IPAL OFFICE</u> Principal <u>street</u> address	Maili	ing address, if different is:
215 COLLIER BLVI)#8		<u> </u>
APLES, FL 34116			
RTICLE III PURPO	<u>SE</u> re corporation is organized is:	S	
			<u> </u>
			· · ·
		· · · · · ·	00 3: 06
		······································	 }
	<u>L OFFICERS AND/OR DIRECTORS</u> MARIA I BENITEZ FERNANDEZ/PRES	Name and Title:	
Address	12215 COLLIER BLVD #8	Address:	
	NAPLES, FL 34116		
Name and Title:		Name and Title:	
Address		Address:	
			······
Name and Title:			
Name and Title: Address		Name and Title:	
		Name and Title: Address:	

Name and Title	×	Name and Title:
Address		Address:
	<u> </u>	

ARTICLE VI __REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIA I BENITEZ FERNANDEZ

Address: 12215 COLLIER BLVD #8

NAPLES, FL 34116

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

 Name:
 MARIA I BENITEZ FERNANDEZ

 Address:
 12215 COLLIER BLVD #8

 NAPLES, FL 34116

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.)

<u>Note:</u> 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

10/6/2017 Required Stgnature/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.

WC Required Signature/Incorporator

10/6/2017

Date