

Jun 21 18, 11:16
6/28/2018

BUSINESS WORLD TRANSACTIONS

305 46

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
Fax Number : (305)646-1527

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CARLITO'S, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
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JUN 28 2018

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I

NAME

The name of the corporation shall be: CARLITO'S, CORP.

ARTICLE II

PRINCIPAL OFFICE

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

3121 SW 47 AVENUE
WEST PARK, FL 33023

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

ARTICLE IV

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

ARTICLE V

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS H. ALEGRIA
3121 SW 47 AVENUE
WEST PARK, FL 33023

Prepared by: CARLOS H. ALEGRIA
3121 SW 47 AVENUE
WEST PARK, FL 33023
786-318-6203

Electronically Sent By: BUSINESS WORLD TRANS
7951 S.W. 40 ST. (BIRD RD.) #201
MIAMI, FL. 33155
PH # (305) 267-4022

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CARLITO'S. CORP.
2. The name and address of the registered agent and office is:

CARLOS H. ALEGRIA
3121 SW 47 AVENUE
WEST PARK, FL 33023

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Carlos H. Alegria
(SIGNATURE)

JUN 28, 2018

FILED
CLERK OF STATE
DIVISION OF CORPORATION
18 JUN 28 PM 3 33

**ARTICLE VI
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(arc):

CARLOS H. ALEGRIA
3121 SW 47 AVENUE
WEST PARK, FL 33023

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of JUNE, 2018.



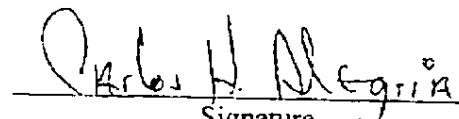
Signature

**ARTICLE VII
OFFICER(S) AND DIRECTOR(S)**

The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(arc):

CARLOS H. ALEGRIA
3121 SW 47 AVENUE
WEST PARK, FL 33023

DIRECTOR & PRESIDENT



Signature

Signature

Signature

Form SS-4
(Rev. December 2017)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0023
EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Carlito's Corp.

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located

7a Name of responsible party

7b SSN, TIN, or EIN
772-58-1425

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☒ No

8b If 8a is "Yes," enter the number of LLC members ☐ Yes ☒ No

9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.

☐ Sole proprietor (SSN)
☐ Partnership
☐ Corporation (enter form number to be filed) ▶
☐ Personal service corporation
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) ▶
☐ Other (specify) ▶

☐ Estate (SSN of decedent)
☐ Plan administrator (TIN)
☐ Trust (TIN of grantor)
☐ Military/National Guard
☐ Farmers' cooperative
☐ REMIC
☐ State/local government
☐ Federal government
☐ Indian tribal governments/enterprises

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

10 Reason for applying (check only one box):

☐ Started new business (specify type) ▶
☐ Hired employees (Check the box and see line 13.)
☐ Compliance with IRS withholding regulations
☐ Other (specify) ▶

☐ Banking purpose (specify purpose) ▶
☐ Changed type of organization (specify new type) ▶
☐ Purchased going business
☐ Created a trust (specify type) ▶
☐ Created a pension plan (specify type) ▶

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural Household Other

14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Form 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐

15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).

16 Check one box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ No

If "Yes," write previous EIN here ▶

Third Party Designee

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's tax number (include area code)

Applicant's telephone number (include area code)

Applicant's tax number (include area code)

Signature ▶ **Carlito Megain Presidente** Date ▶ **6/28/18**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly) ▶

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N Form SS-4 (Rev. 12-2017)