P18000058307

(Re	equestor's Name)	-			
(Ad	ldress)				
(Ad	Idress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





600319844086

10/23/18--01028--013 **87.50

COVER LETTER

Department of State

New Filing Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

FUENT SUBJECT:	TES PAELLA, INC		
SUBJECT.	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	cicles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL COPY REQUIRE	
	IS FUENTES SALOMON Name	e (Printed or typed)	
275	0 SW 2ND STREET		
		Address	
Ml	AMI FLORIDA 33135		
	City,	State & Zip	
786	-804-1125		
	Daytime T	elephone number	
LUI	SRODOLFO@YAHOO.COM		
	F-mail address: (to be use	d for future annual report r	notification)

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

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

name of the corpor			
<u>TICLE II PRIN</u>	Principal <u>street</u> address	Mailing address, if differen	nt is:
0 SW 2ND STREE	ET		
AMI FL 33135			
TICLE III PURP purpose for which	OSE the corporation is organized is:		
OD DISTRIBUTIO)N	11.01	
<u> </u>			_
 .	•		
TICLE IV SHAR number of shares of	PES 1000 f stock is:		
number of shares of	AL OFFICERS AND/OR DIRECTORS		
number of shares of	AL OFFICERS AND/OR DIRECTORS	Name and Title:	
number of shares of the vicinity of the vicini	f stock is: AL OFFICERS AND/OR DIRECTORS LUIS FUENTES -PRESIDENT e: 2750 SW 2ND STREET	Name and Title:	
number of shares of the vicinity of the vicini	AL OFFICERS AND/OR DIRECTORS LUIS FUENTES -PRESIDENT 2750 SW 2ND STREET	Name and Title:	
number of shares of the vicinity of the vicini	AL OFFICERS AND/OR DIRECTORS ELUIS FUENTES -PRESIDENT 2750 SW 2ND STREET MIAMI FL 33135	Name and Title: Address:	
number of shares of FICLE V INITE Name and Titl Address	AL OFFICERS AND/OR DIRECTORS ELUIS FUENTES -PRESIDENT 2750 SW 2ND STREET MIAMI FL 33135	Name and Title: Address: Name and Title:	
number of shares of TICLE V INITL Name and Titl Address Name and Title	AL OFFICERS AND/OR DIRECTORS LUIS FUENTES -PRESIDENT 2750 SW 2ND STREET MIAMI FL 33135 ANISLEY HERNANDEZ-VICE-PRESIDE 2750 SW 2ND STREET	Name and Title: Address: Name and Title:	
number of shares of TICLE V INITL Name and Titl Address Name and Title	AL OFFICERS AND/OR DIRECTORS e: LUIS FUENTES -PRESIDENT 2750 SW 2ND STREET MIAMI FL 33135 ANISLEY HERNANDEZ-VICE-PRESIDE 2750 SW 2ND STREET	Name and Title: Address: Name and Title:	
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS e: LUIS FUENTES -PRESIDENT 2750 SW 2ND STREET MIAMI FL 33135 ANISLEY HERNANDEZ-VICE-PRESIDE 2750 SW 2ND STREET	Name and Title: Address: Name and Title: Address:	
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS LUIS FUENTES -PRESIDENT 2750 SW 2ND STREET MIAMI FL 33135 ANISLEY HERNANDEZ-VICE-PRESIDE 2750 SW 2ND STREET MIAMI FL 33135	Name and Title: Address: Name and Title: Address: Name and Title:	

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICI F VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	LUIS FUENTES		
_	2750 SW 2ND STREET		
ridaress.	MIAMI FL 33135		
ARTICLE VII	INCOR <u>PORATOR</u>		
The name and ad	dress of the Incorporator is:		
	LUIS FUENTES		
Name: Address:	2750 SW 2ND STREET		
	MIAMI FL 33135	_	
Effective date, if a	EFFECTIVE DATE: 10/15/2018 other than the date of filing:	(OPTIONA	L)
(If an effective datiling.)	ate is listed, the date must be specific and can	not be more than five days	prior or 90 days after the
	inserted in this block does not meet the applicab fective date on the Department of State's record.		nts, this date will not be listed as
Having been nam this certificate, I a	ned as registered agent to accept service of proce on familiar with and accept the appointment as t	ess for the above stated corp registered agent and agree to	oration at the place designated in act in this capacity
	X		10/15/2018
	Required Signature/Registered Agent		Date
I submit this doct document to the L	iment and affirm that the facts stated herein at Department of State constitutes a third degree fel	re true. I am aware that the ony as provided for in s.817.	false information submitted in a 155, F.S.
./			10/15/2018
Requir	ed Signature/Incorporator		Date