

P18000092179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

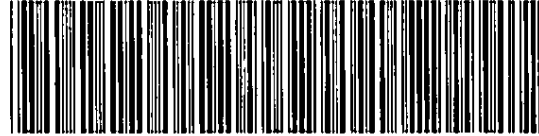
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 NOV -7 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 09 2018

A. Brumbley

## COVER LETTER

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

**SUBJECT:** RINCON ANTIOQUENO RESTAURANTE INC

(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** ATPLUS CORP

\_\_\_\_\_  
Name (Printed or typed)

8180 NW 36 STE 406

\_\_\_\_\_  
Address

DORAL FL 33166

\_\_\_\_\_  
City, State & Zip

305-406-3800

\_\_\_\_\_  
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.**

**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: RINCON ANTIOQUENO RESTAURANTE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6521 SW 8TH ST

MIAMI FL 33144

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: HECTOR D CADAVID T

Address 1065 SW 75 AVE

MIAMI FL, 33144

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: AMPARO CADAVID P

Address 1065 SW 75 AVE

MIAMI FL 33144

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2018 NOV -7 AM 11:42  
STATE OF FLORIDA  
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: HECTOR D CADAVID  
Address: 1065 SW 75 AVE  
MIAMI FL, 33144

**ARTICLE VII INCORPORATOR**

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

Name: HECTOR D CADAVID  
Address: 1065 SW 75 AVE  
MIAMI FL, 33144

**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:*

Hector Cadavid  
Required Signature/Registered Agent

10/16/2018  
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.*

Hector Cadavid  
Required Signature/Incorporator

10/16/2018  
Date

## **AFFIDAVIT**

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

1. The undersigned is also the sole Director and the President of **RINCON ANTIOQUENO RESTAURANTE INC.**, a Florida corporation to be filed with the Florida Department of State on or about **October 16, 2018**.
2. The undersigned hereby consents to and authorizes the use by **RINCON ANTIOQUENO RESTAURANTE INC.** of the name **RINCON ANTIOQUENO RESTAURANTE INC.**
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.

  
HECTOR D CADAVID

STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, Hector D Cadavid, 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 16<sup>th</sup> day of October, 2018



**Jenny Celis**  
COMMISSION # GG256873  
EXPIRES: September 10, 2022  
Bonded Thru Aaron Notary

  
Notary Public Signature