

P19000009462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

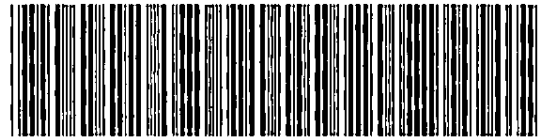
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JAN 28 AM 11:23

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FEB 04 2019

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## COVER LETTER

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

**SUBJECT:** LOS ANTOJOS RESTAURANT, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** STEPHANIE MARTINEZ  
Name (Printed or typed)  
8180 NW 36 ST, SUITE 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.

## AFFIDAVIT

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019 JAN 28 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The undersigned is also the sole Director and the President of **LOS ANTOJOS RESTAURANT INC.** a Florida corporation to be filed with the Florida Department of State on or about **January 7th, 2019**.
2. The undersigned hereby consents to and authorizes the use by **LOS ANTOJOS RESTAURANT INC.** of the name **LOS ANTOJOS RESTAURANT 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.

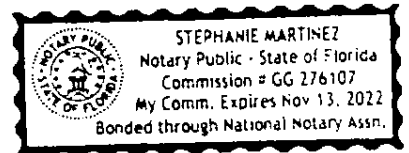
FURTHER AFFIANT SAYETH NAUGHT.

  
LEIDY VERGARA

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

PERSONALLY appeared before me, Leidy Vergara, 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 7th day of January, 2019



  
Notary Public Signature

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

**ARTICLE I NAME**

LOS ANTOJOS RESTAURANT, INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11099 BISCAYNE BLVD.

MIAMI, FL 33161

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

100  
The number of shares of stock is: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Name and Title: LEIDY VERGARA P

Address: 10099 BISCAYNE BLVD  
MIAMI FL 33161

Name and Title: JOHAN A CASTELLANOS VP

Address: 13651 NE 1ST AVE  
MIAMI, FL 33161

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

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

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: LEIDY VERGARA \_\_\_\_\_

Address: 10099 BISCAYNE BLVD \_\_\_\_\_

MIAMI FL 33161 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: LEIDY VERGARA \_\_\_\_\_

Address: 10099 BISCAYNE BLVD \_\_\_\_\_

MIAMI FL 33161 \_\_\_\_\_

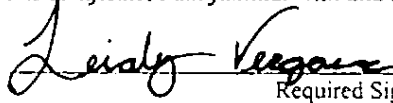
**ARTICLE VIII EFFECTIVE DATE:**

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.)

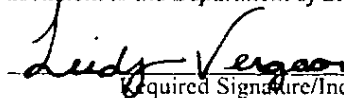
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 \_\_\_\_\_  
Required Signature/Registered Agent

1/7/19 \_\_\_\_\_  
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.*

 \_\_\_\_\_  
Required Signature/Incorporator

1/7/19 \_\_\_\_\_  
Date