

MAR/01/2019/FRI

FAX No.

P. 001

3/1/2019

PH 000 017 900

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000070192 3)))



H190000701923ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

**\*\*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  
SUSHI SAKE MIAMI LAKES, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2019 MAR -1 PM 12:26

FILED  
19 MAR -1 AM 9:15  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

MAR 04 2019

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

**ARTICLE I NAME** SUSHI SAKE MIAMI LAKES, CORP.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

7301 MIAMI LAKES DR

7175 SW 47 STREET STE: 206

MIAMI LAKES, FL 33014

MIAMI, FL 33155

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: JAMES AGUAYO (P)

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

Address

7175 SW 47 STREET

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

STE: 206

MIAMI, FL 33155

Name and Title: IRINA RIVERA (V/P)

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

Address

7175 SW 47 STREET

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

STE: 206

MIAMI, FL 33155

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

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

Address

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

FILED  
19 MAR - 1 AM 9:15  
CLERK OF DISTRICT COURT  
MIAMI, 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: JAMES AGUAYO  
Address: 7175 SW 47 STREET STE: 206  
MIAMI, FL 33155

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: JAMES AGUAYO  
Address: 7175 SW 47 STREET STE: 206  
MIAMI, FL 33155

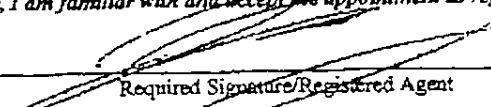
**ARTICLE VIII EFFECTIVE DATE:**

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

02/27/2019

\_\_\_\_\_  
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.817.153, F.S.*

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

02/27/2019

\_\_\_\_\_  
Date

FILED  
19 MAR - 1 AM 9:15  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA