

P19000028684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700326361217

03/18/19--01033--010 **78.75

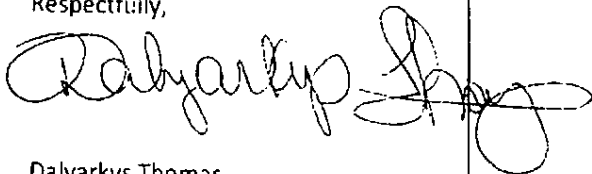
Document #: W19000029760

Attn: Marti

I spoke with Ingrid today whom advised that the release letter that was mailed with the application was never received. I was advised to fax another to you Marti @ 850-245-6804. Please see below.

I Dalyarkys Thomas am releasing the name A-Lotta Empanada. I do not plan to reinstate and agree to release it to the new corporation to use. Please feel free to contact me with any questions.

Respectfully,

A handwritten signature in cursive script, appearing to read "Dalyarkys Thomas". The signature is written in black ink and is positioned above the printed name.

Dalyarkys Thomas

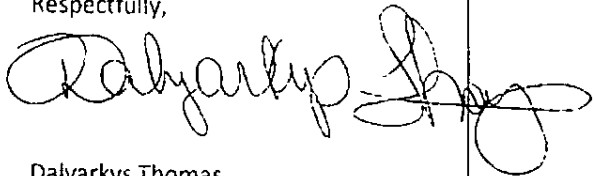
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Attn: Marti

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I Dalyarkys Thomas am releasing the name A-Lotta Empanada. I do not plan to reinstate and agree to release it to the new corporation to use. Please feel free to contact me with any questions. 813-898-6429.

Respectfully,

A handwritten signature in black ink, appearing to read 'Dalyarkys Thomas', with a large, stylized flourish extending from the end of the signature.

Dalyarkys Thomas



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2019

DALYARKYS THOMAS
7411 BONITA VISTA WAY #201
TAMPA, FL 33617 US

SUBJECT: A- LOTTA EMPANADA INC.
Ref. Number: W19000029760

We have received your document for A- LOTTA EMPANADA INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Marti Simmons
OPS

Letter Number: 919A00005944

COVER LETTER

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

SUBJECT: A - Lotta Empanada 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Dalyarkys Thomas
Name (Printed or typed)

7411 Bonita Vista Way #201
Address

Tampa FL 33617
City, State & Zip

813 898 6429
Daytime Telephone number

alottaempanadaFL@gmail.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: A-Lotta Empanada Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3224 W Tampa Bay Blvd.
Tampa FL 33607

7411 Bonita Vista Way #201
Tampa FL 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Catering

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dalyarkys Thomas - President Name and Title: _____

Address: 7411 Bonita Vista Way Address: _____
201

Tampa FL 33617

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Dalyarkys Thomas
Address: 7411 Bonita Vista Way #201
Tampa FL 33617

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dalyarkys Thomas
Address: 7411 Bonita Vista Way #201
Tampa FL 33617

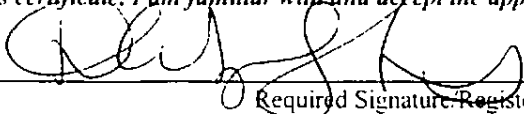
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/1/2019 (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.)

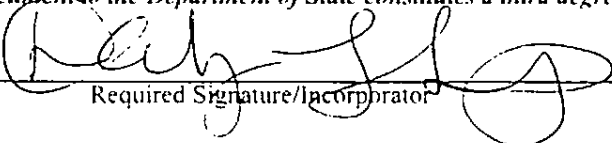
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3/8/19
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 §817.155, F.S.


Required Signature/Incorporator

3/8/19
Date