(F	Requestor's Name)
(F	Address)
(<i>F</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(8	Business Entity Name)
])	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:





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05/09/19--01004--004 **87.50

DIVISION OF CONCRATIONS 19 MAY -9 PM 1: 38.
TALLAHASSEE, FLORIDA TO STATE FILED

19 HAY -9 AH 10: 59 RECEIVE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DOS DE ORO BAR &	& GRELL CC	ORP		
				
<u>.</u>				
			_ 	······································
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			${\times}$	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		·		Fictitious Owner Search
3				Vehicle Search
				Driving Record
Requested by: Seth	05/09/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Couries

COVER LETTER

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

407-641-0810

arleendavila@gmail.com

SUBJECT: DOS DI	E ORO BAR & GRILL CORP		
Enclosed are an orig	(PROPOSED CORPORA	TE NAME - MUST INCL	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: LE	IDY P PAZ	(Printed or typed)	
3108	TURTLE LN		
	Α	ddress	
ORL	ANDO FL 32837		

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

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

CLE II PR	<u> INCIPAL OFFICE</u>		
TURTLE LN	Principal street address	210	Mailing address, if different is:
LANDO FL 32837			8 TURTLE LN LANDO FL 32837
			C/11/201 E 32037
ICLE III PU	RPOSE ch the corporation is organized is:	-	
AND ALL LA	AWFULL BUSINESS		
		·	
	-		
CLE IV SHA	ARES 100 sof stock is:		
	ARES 100 of stock is: TIAL OFFICERS AND/OR DIRECTOR		
umber of shares	of stock is: TIAL OFFICERS AND/OR DIRECTOR LEIDY PAZ - PRESIDENT	<u>R.S.</u>	- Fitle:
umber of shares	of stock is: TIAL OFFICERS AND/OR DIRECTOR itle: 100 100 100 100 100 100 100 1	Name and	Fitle:
umber of shares CLE V INIT Name and T	of stock is: TIAL OFFICERS AND/OR DIRECTOR itle: 100 100 100 100 100 100 100 1	<u>R.S.</u>	Title:
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CLE V INIT Name and T Address Name and Tit	TIAL OFFICERS AND/OR DIRECTOR Title: LEIDY PAZ - PRESIDENT 3108 TURTLE LN ORLANDO FL 32837	Name and T Address: Name and T Address: Address:	Title:
Name and Tit Address Address	TIAL OFFICERS AND/OR DIRECTOR Title: LEIDY PAZ - PRESIDENT 3108 TURTLE LN ORLANDO FL 32837	Name and T Address: Name and T Address: Address: Address:	19 MAY -9 PM 1: 38
Name and Tit Address Address	FIAL OFFICERS AND/OR DIRECTOR Citle: LEIDY PAZ - PRESIDENT 3108 TURTLE LN ORLANDO FL 32837	Name and T Address: Name and T Address: Address: Address:	19 MAY -9 PM 1: 38
Name and Tit Address Address	TIAL OFFICERS AND/OR DIRECTOR Title: LEIDY PAZ - PRESIDENT 3108 TURTLE LN ORLANDO FL 32837	Name and T Address: Name and T Address: Name and T Name and T	19 MAY -9 PM 1: 38

Name	and Title:	Name and Title:
Addre		
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	O near
Name:	LEIDY P PAZ) of the registered agent is:
Address:	3108 TURTLE LN	_
	ORLANDO FL 32837	
<u>ARTICLE VII</u>	INCORPORATOR	
The <u>name and s</u>	ddress of the Incorporator is:	
Name:	ADV ACCOUNTING & TAX SERVICES	LI
Address:	12701 S JOHN YOUNG PKWY SUITE 2	
	ORLANDO FL 32837	-
ote: If the date decument's e	inserted in this block does not meet the applicable ffective date on the Department of State's records.	e statutory filing requirements, this date will not be listed a
aving been namis certificate.	m familiar with and accept the appointment as re	spaceta agent and agree to act in this capacity
laving been nan	Required Signature/Registered Agent	05/03/2019
Levely 1 submit this doc	Required Signature/Registered Agent	Date true. I am aware that the false information submitted in my as provided for in s.817.155, F.S.
Submit this document to the I	Required Signature/Registered Agent	05/03/2019 Date