

P19000082178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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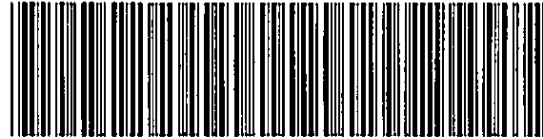
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT 18 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

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N CULLIGAN

NOV ' 5 2019

COVER LETTER

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

SUBJECT: ANTOJITOS FUSTER, 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: DIRCIO FUSTER
Name (Printed or typed)

939 NW 81st STREET, LOT D-430
Address

MIAMI, FLORIDA 33150
City, State & Zip

305-305-8167 786-287-4146
Daytime Telephone number

mirthafuster@gmail.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

2019 OCT 18 AM 10:00

ARTICLE I NAME

The name of the corporation shall be: ANTOJITOS FUSTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

2817 NW 7th AVENUE

MIAMI, FL 33127

Mailing address, if different is:

1458 NW 42nd STREET

MIAMI, FL 33142

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES \$10.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIRCIO R FUSTER

Name and Title: _____

Address 939 NW 81st STREET, LOT D-430

Address: _____

MIAMI, FL 33150

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: DIRCIO R. FUSTER
Address: 939 81st STREET, LOT D-430
MIAMI, FL 33150

ARTICLE VII INCORPORATOR

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

Name: ALBERTO QUINONES
Address: 481 NW 19th COURT
MIAMI, FL 33125

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2019 OCT 18 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL


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.


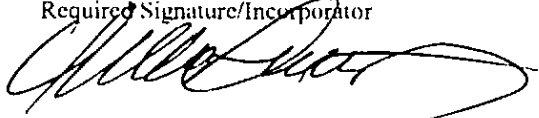
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

OCTOBER 7/2019

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.817.155, F.S.


Required Signature/Incorporator


OCTOBER 7/2019

Date