## P190000088088

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| 1                                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer  |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| <u></u>                                 |  |  |  |  |





600337502296

12/02/19--01002--002 \*+87.50



THE THE STATE SECRETA IN SECRETA IN SECRETA

112/161

## **COVER LETTER**

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

| SUBJECT: CASA BORICUA SPORT BAR & GRILL THE.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) |  |                               |                  |  |
|---|--|-------------------------------|------------------|--|
| зовист. <u>О</u> но   | (PROPOSED CORPORA                                | TE NAME - MUST INCL           | UDE SUFFIX)      |  |
| Enclosed are an orig  | ginal and one (1) copy of the art                | ticles of incorporation and   | d a check for:   |  |
|   | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          |                               |                  |  |
| □ \$70.00   | □ \$78.75  | □ \$78.75                     | <b>5\$</b> 87.50 |  |
| Filing Fee  | Filing Fee                                       | □ \$78.75 Filing Fee          | Filing Fee.      |  |
| _   | & Certificate of Status                          | & Certified Copy              |                  |  |
|   |  |                               | & Certificate of |  |
|   |  |                               | Status           |  |
|   |  | ADDITIONAL COPY REQUIRED      |                  |  |
|   | Jessice Gonze<br>Nam<br>343 LAKE Unde            |                               |                  |  |
|   | CNy  | FL 32822<br>. State & Zip     |                  |  |
| _   | 8/3-510-06<br>Daytime                            | 73<br>Felephone number        |                  |  |
| <u> </u>  | TO i P/DN 4 U @ GM<br>E-mail address: (to be use | ail. com                      |                  |  |
|   | E-mail address: (to be use                       | ed for future annual report i | 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)

| Principal <u>street</u> address 7343 LAKE under Hill Rd DC/Ando, FL 32822 |                 | f different is:                              |
|---|-----------------|--|
| Oc/Ando. FL 32822   |                 |  |
|   |                 |  |
|   |                 |  |
|   |                 | <del>.</del>                                 |
| RTICLE III PURPOSE  | 1               |  |
| he purpose for which the corporation is organized is:                     | 13.US-NOSS      | · - · · · · · · · · · · · · · · · · · ·      |
|   |                 |  |
|   |                 |  |
|   | -               | <u> </u>                                     |
|   |                 | ·// ?  |
|   |                 |  |
|   |                 | <u> </u>                                     |
|   |                 | 475.   |
|   |                 |  |
|   |                 | तंतु न्य                                     |
|   |                 | 打当   |
| RTICLE B' SHARES  |                 | 끈곡   |
| he number of shares of stock is: //oo                                     | <del></del> .   | m  |
|   |                 |  |
| RTICLE V INITIAL OFFICERS AND/OR DIRECTORS                                |                 |  |
| Name and Title: Jessice Gonzelez 1  | Name and Title: |  |
| 1 <del>-</del>  |                 |  |
| Address 7343 CAR under HIII R   | Address:        | <del></del>                                  |
| Dr/Ando. Fl 37822   | <u> </u>        |  |
|   |                 |  |
|   | <del></del>     |  |
|   |                 |  |
|   | Name and Title: |  |
| Name and Title:   |                 |  |
|   | Address:        |  |
|   | Address:        | <u>.                                    </u> |
|   | Address:        |  |
| Address   |                 |  |
|   |                 |  |
| Address   |                 | <u> </u>                                     |
| Address   |                 | <u> </u>                                     |
| Address   | Name and Title: |  |

| Name and Title:   | Name and Title:  |
|---|--|
| Address   | Address:   |
|   |  |
|   |  |
| ARTICLE VI REGISTERED AGENT   |  |
| The name and Florida street address (P.O. Box NOT accept Name: Augel Runsu  | -  |
| Address: 203 S. Clyda Aux   |  |
| Kissimmer pe 34   | <b>7</b> 4/  |
| <u>ARTICLE VII INCORPORATOR</u>   | SECTION THE THE  |
| The <u>name and address</u> of the Incorporator is:   | To the second se |
| Name: Jessier Gowielez  |  |
| Address: 7343 vader Hill Rd.  |  |
| Orlando, Fl 3282  | <u>-2</u>  |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: /2/02/ (If an effective date is listed, the date must be specific and filing.) | (OPTIONAL) and cannot be more than five days prior or 90 days after the  |
| Note: If the date inserted in this block does not meet the app<br>the document's effective date on the Department of State's re                               | oplicable statutory filing requirements, this date will not be listed as records.  |
| Having been named as registered agent to accept service of pr<br>certificate, I am familiar with and accept the appointment as                                | process for the above stated corporation at the place designated in this<br>s registered agent and agree to act in this capacity   |
|   | 02/02/19   |
| Required Signature/Registered Age   |  |
| I submit this document and affirm that the facts stated here document to the Department of State passitutes a third degree                                    | rein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S.  |
|   | 12/02/15   |
| Required Signature/Incorporator   | Date   |