

P20000017790

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
LATIN 305 RESTAURANT CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 634, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LATIN 305 RESTAURANT CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

3804 W 12 AVEHIALEAH, FL 33012ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: NORMA BUSTAMANTE (P)

Name and Title: _____

Address 3804 W 12 AVE

Address: _____

HIALEAH, FL 33012

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NORMA BUSTAMANTE
Address: 3804 W 12 AVE
HIALEAH, FL 33012

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: NORMA BUSTAMANTE
Address: 3804 W 12 AVE
HIALEAH, FL 33012

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TALLAHASSEE, FLORIDA

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

Norma Bustamante 02/26/2020
Required Signature/Registered Agent 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.

Norma Bustamante 02/26/2020
Required Signature/Incorporator Date