

5/22/2020

Division of Corporations

P2 0000038480Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (888)653-6564

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@ulloacompany.com**FLORIDA PROFIT/NON PROFIT CORPORATION****Emiliano La Taqueria Corp**

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

2020 MAY 28 PM 3:23

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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: Emiliano La Taqueria Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address is: 10320 SW 139 Street, Miami, FL 33176

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan D Castano Zuluaga, President

Address: 10320 SW 139 Street, Miami, FL 33176

Name and Title: Luis F Moreno, Vice-President (VP)

Address: 10320 SW 139 Street, Miami, FL 33176

ARTICLE VI REGISTERED AGENT

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

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

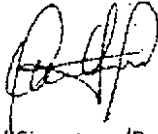
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing:

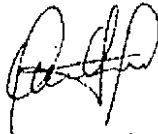
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

05/22/2020

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

05/22/2020