

P200000 89994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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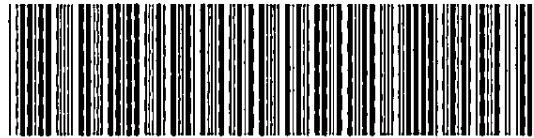
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/20/20--01005--002 **70.00

2020 NOV 20 AM 8:20

NOV 20 2020

2020 NOV 20 AM 9:00

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COVER LETTER

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

SUBJECT: EL MACORISANO, 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: LOUIS R. DIAZ

Name (Printed or typed)

110 HIALEAH DRIVE

Address

HIALEAH, FL. 33010

City, State & Zip

305-810-8509

Daytime Telephone number

DAISYMARINO24@GMAIL.COM

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

ARTICLE I NAME

The name of the corporation shall be: EL MACORISANO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

551 NW 215TH AVE

HOLLYWOOD, FL. 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL FOR PROFIT ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOMINGO FLORES PRESIDENT

Name and Title: _____

Address 551 NW 215TH AVE

Address: _____

HOLLYWOOD, FL. 33029

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 NOV 20 AM 9:00

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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: MIAMI TAX EXPERT, INC.
Address: 110 HIALEAH DRIVE
HIALEAH, FL. 33010

ARTICLE VII INCORPORATOR

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

Name: LOUIS R. DIAZ
Address: 110 HIALEAH DRIVE
HIALEAH, FL. 33010

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/19/2020 (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
11/19/2020
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
11/19/2020
Date