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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (950) 617-6381

From: Account Name : TRAMILEX LLC
Account Number : 120150003086
Phone : (786) 469-9163
Fax Number : (305) 848-3716

2020 DEC 16 PM 4:44

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
INVERSIONES POLLO CALI C.A INC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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DEC 17 2020

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COVER LETTER

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

SUBJECT: INVERSIONES POLLO CALI C.A 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LISANDRO JOSE ALFONSO

Name (Printed or typed)

8899 NW 107th CT UNIT 219

Address

DORAL, FL 33178

City, State & Zip

(786) 683-6239

Daytime Telephone number

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)

ARTICLE I NAMEThe name of the corporation shall be: INVERSIONES POLLO CALI C.A INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
8899 NW 107th CT UNIT 219DORAL, FL 33178

Mailing address, if different is:

SAME**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: LISANDRO JOSE ALFONSO. PAddress: 8899 NW 107th CT UNIT 219DORAL, FL 33178

Name and Title: _____

Address: _____

Name and Title: CESAR ENRIQUE DE ORNELAS. VPAddress: 8899 NW 107th CT UNIT 219DORAL, FL 33178

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

20 DEC 16 PM 5:51
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/11/2019 BY 60322

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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: LISANDRO JOSE ALFONSO
Address: 8899 NW 107th CT UNIT 219
DORAL, FL 33178

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LISANDRO JOSE ALFONSO
Address: 8899 NW 107th CT UNIT 219
DORAL, FL 33178

TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 12/16/2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

<u>_____</u> Required Signature/Registered Agent	<u>12/16/2020</u> Date
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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.

<u>_____</u> Required Signature/Incorporator	<u>12/16/2020</u> Date
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