

3/26/2021

(FAX TRANSMISSION) To: 18506176381 From: 19547279773 Pages: 4  
Division of Corporations

P21 000027301  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP  
Account Number : I20200000059  
Phone : (954)727-9771  
Fax Number : (954)727-9773

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

Email Address: dlamadr@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CIRIBOGA FOOD SERVICE CORP**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT:** CIRIBOGA FOOD SERVICE CORP

**(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:** GIANFRANCO DE LIBERO

Name (Printed or typed)

4285 MAGNOLIA RIDGE DR

Address

WESTON, FL 33331

City, State & Zip

(954) 383-6959

Daytime Telephone number

delibero@gmail.com

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

**NOTE: Please provide the original and one copy of the articles.**

2/21/2004 2:29 PM

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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: CIRIBOGA FOOD SERVICE CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4285 MAGNOLIA RIDGE DR  
WESTON, FL 33331

Mailing address, if different is:  
4285 MAGNOLIA RIDGE DR  
WESTON, FL 33331

**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: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GIANFRANCO DE LIBERO

Name and Title: PRESIDENT

Address: 4285 MAGNOLIA RIDGE DR  
WESTON, FL 33331

Address: \_\_\_\_\_

Name and Title: OSWALDO HURTADO

Name and Title: VICE PRESIDENT

Address: CALLE INTERIOR B CON CALLE  
BELLAS ARTES EDF TBC2 #8 APT 402  
SECTOR EL MILLON - SDQ

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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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: LAMADRID FINANCIAL SERVICES CORP

Address: 1265 S PINE ISLAND RD  
PLANTATION, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GIANFRANCO DE LIBERO

Address: 4285 MAGNOLIA RIDGE DR  
WESTON, FL 33331

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/29/2021 (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*

ALEXIS LAMADRID  
Required Signature/Registered Agent

03/29/2021  
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.*

GIANFRANCO DE LIBERO  
Required Signature/Incorporator

03/29/2021  
Date

03/29/2021 04:23:31

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