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

From: Account Name : L & R INTERNATIONAL FIRM INC  
Account Number : 120200000026  
Phone : (786)413-4344  
Fax Number : (305)222-9004

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**EL CAMPESENO FAST FOOD INC**

Certificate of Status	0
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## COVER LETTER

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

**SUBJECT:** EL CAMPESINO FAST FOOD 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:** CLAUDIA GOMEZ MEDER  
Name (Printed or typed)  
8800 NW 36TH ST  
Address  
DORAL, FL 33178  
City, State & Zip  
(786) 223 - 5568  
Daytime Telephone number  
CLAUDIAGMEDER@GMAIL.COM  
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 NAME**The name of the corporation shall be: EL CAMPELINO FAST FOOD INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address8800 NW 36TH ST  
DORAL, FL 33178

Mailing address, if different is:

8800 NW 36TH ST  
DORAL, FL 33178**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: CLAUDIA GOMEZ MEDER / PRESIDENTAddress: 8800 NW 36TH ST  
DORAL, FL 33178Name and Title: MARCO MURCIA / VICE-PRESIDENTAddress: 8800 NW 36TH ST  
DORAL, FL 33178

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

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

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

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

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

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

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

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: FRANCO ROBLESAddress: 8410 W FLAGLER ST STE 205MIAMI, FL 33144**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: FRANCO ROBLESAddress: 8410 W FLAGLER ST STE 205MIAMI, FL 33144**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 04 / 12 / 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.)

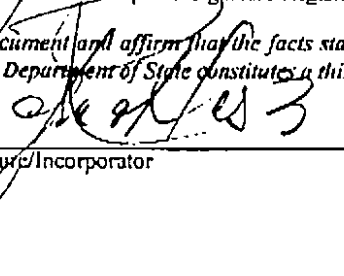
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent04 / 12 / 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.*

  
\_\_\_\_\_  
Required Signature/Incorporator04 / 12 / 2021

Date

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