

19/4/2021

Division of Corporations

(((H21000155915 3)))

P21000035021

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

From:
Account Name : ISAMAR TORRES
Account Number : 120200000137
Phone : (786)660-0108
Fax Number : (305)503-7123

2021 APR 19 AM 8:27
TALLAHASSEE, FL
STATE

****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 TASTY TREASURE INC

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

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COVER LETTER

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

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SUBJECT: TASTY TREASURE 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: ISABEL URDANETA
Name (Printed or typed)

4560 NW 107TH AVE
Address

DORAL, FLORIDA, 33178
City, State & Zip

786-403-1897
Daytime Telephone number

IBUH20@HOTMAIL.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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TALLAHASSEE, FL

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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: TASTY TREASURE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address4560 NW 107TH AVEDORAL, FLORIDA 33178

Mailing address, if different is:

4560 NW 107TH AVEDORAL, FLORIDA 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: FOOD SERVICE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ISABEL URDANETA PRESIDENT

Name and Title: _____

Address 4560 NW 107TH AVE

Address: _____

DORAL, FLORIDA 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(((H21000155915 3)))

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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: ISAMAR TORRES
 Address: 4167 NW 135TH ST
OPA LOCKA, FLORIDA 33054

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: _____
 Address: _____

FILED
 2021 APR 19 AM 8:27
 TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 04/07/2021. (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*

Isamar Torres 04/07/2021
 Required Signature/Registered Agent 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.

Isabel Urdaneta 04/07/2021
 Required Signature/Incorporator Date

(((H21000155915 3)))