

2/24/22, 3:54 PM

Division of Corporations

P22000014337
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 : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

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

Email Address: michaelangelo1st@gmail.com

FILED
2022 FEB 24 AM 12:27
SECURE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
CIELITO LINDO MEXICAN GRILL, INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

HL

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COVER LETTER

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

SUBJECT: CIELITO LINDO MEXICAN GRILL, 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: JORGE IBARRA
Name (Printed or typed)

5938 ALENLON WAY
Address

MOUNT DORA, FL 32757
City, State & Zip

407-756-9609
Daytime Telephone number

MICHAELANGELO1ST@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: CIELITO LINDO MEXICAN GRILL, INC

ARTICLE II PRINCIPAL OFFICE

701 ROCK SPRINGS RD
Principal street address

APOPKA, FL 32712

Mailing address, if different is:

701 ROCK SPRINGS RD

APOPKA, FL 32712

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: JORGE IBARRA / TRES

Address: 5938 ALENLON WAY

MOUNT DORA, FL 32757

Name and Title:

Address:

Name and Title: JOEL SALAR / SEC

Address: 18856 OVERTON ST

ORLANDO, FL 32833

Name and Title:

Address:

Name and Title: OSWALDO M ORLANZZINI / PRES

Address: 2252 PALM VISTA DR

APOPKA, FL 32712

Name and Title:

Address:

2022 FEB 24 AM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: JORGE IBARRA

Address: 5938 ALENLON WAY
MOUNT DORA, FL 32757

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JORGE IBARRA

Address: 5938 ALENLON WAY
MOUNT DORA, FL 32757

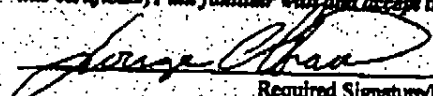
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/24/2022 (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

02/24/2022

 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

02/24/2022

 Date

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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