

P2200031231

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000149479 3)))



H220001494793ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 APR 26 PM 9:11

FILED

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

Email Address: _____

RECEIVED

2022 APR 26 AM 8:11

FLORIDA CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
TIKI BAR PARRILLADA CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

S. CHATHAM

APR 27 2022

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

TIKI BAR PARRILLADA CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8850 Fontainebleau blvd Apt 102
Miami, FL, 33172

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

(P) Oscar Eduardo Delmonte
(VP) Paulino Garcia Rams

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 APR 26 PM 9:11

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not-acceptable) of the registered agent is:

Oscar Eduardo Delmonte
8850 Fontainebleau blvd Apt 102
Miami, FL, 33172

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Oscar Eduardo Delmonte
8850 Fontainebleau blvd apt 102
Miami, FL 33172

Required Signatures:

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

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.

Incorporator

Date

22 APR 26 PM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED