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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: _____

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 FRANCHISING
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
HABANERO'S MEXICAN RESTAURANT BONITA, INC

Certificate of Status	1
Certified Copy	0
Page Count	04
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T. SCOTT

JUL 05 2022

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(H220002262323)

COVER LETTER

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

SUBJECT: HABANERO'S MEXICAN RESTAURANT BONITA, 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: JOERGE L IBARRA

Name (Printed or typed)

25571 CHAMBER OF COMMERCE DR

Address

BONITA SPRINGS, FL 34135

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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(H220002262323)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: HABANERO'S MEXICAN RESTAURANT BONITA, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

22571 CHAMBER OF COMMERCE DR22571 CHAMBER OF COMMERCE DRBONITA SPRINGS, FL 34135BONITA SPRINGS, FL 34135**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 L IBARRA / PRES

Name and Title: _____

Address: 2252 PALM VISTA

Address: _____

APOPKA, FL 32712Name and Title: JOEL SALAZAR / V PRES

Name and Title: _____

Address: 1021 PEGEL CT

Address: _____

OVIEDO, FL 32765

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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 2022 JUL -1 AM 8:02
 CLERK SHU/OI YIGUO
 FRANCHISING
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

(H220002262323)

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: 2252 PALM VISTA
APOPKA, FL 32712

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

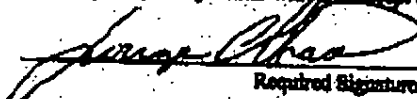
Name: JORGE IBARRA
Address: 2252 PALM VISTA
APOPKA, FL 32712

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/01/2022 (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

7/1/2022
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

7/1/2022
Date

(H220002262323)