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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 : FLL BUSINESS SOLUTION CORP
Account Number : I20190000092
Phone : (754)202-8663
Fax Number : (786)636-3620

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

Email Address: FLLbusiness@outlook.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MR. PORK & CHAUFAS CORP

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

H22000322253 3

COVER LETTER

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

SUBJECT: MR. PORK & CHAUFAS CORP

(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: FLL BUSINESS SOLUTION CORP

Name (Printed or typed)

8350 W STATE ROAD 84

Address

DAVIE, FL. 33324

City, State & Zip

754-202-8663

Daytime Telephone number

FLLBusiness@outlook.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H22000322253 3

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H22000322253 3

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be MR. PORK & CHAUFAS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address950 SOUTH PINE ISLAND ROADSUITE 150PLANTATION, FL. 33324

Mailing address, if different is:

950 SOUTH PINE ISLAND ROADSUITE 150PLANTATION, FL. 33324**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: PREPARING AND SERVING TYPICAL BOLIVIAN FOODIN ALL ITS SPECIES AND FORMS OR ANY OTHER TYPE OF FOOD FOR IMMEDIATE CONSUMPTIONAND ANY ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MIGUEL SARMIENTO CARAM, PRESIDENTAddress 950 SOUTH PINE ISLAND ROADSUITE 150PLANTATION, FL. 33324

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

H22000322253 3

SEP 19 AM 11:13

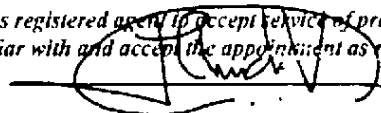
H22000322253 3

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: FLL BUSINESS SOLUTION CORPAddress: 8350 W STATE ROAD 84DAVIE, FL. 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MIGUEL SARMIENTO CARAMAddress: 950 SOUTH PINE ISLAND ROAD, STE 150PLANTATION, FL. 33324**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 09/15/2022 (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 Agent09/15/2022_____
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.*Miguel Sarmiento Caram_____
Required Signature/Incorporator09/15/2022
Date

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