

P22000075547  
Florida Department of State

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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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**  
**RF PARDO FOODTRUCK INC**

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

2022 SEP 20 PM 3:19

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:RF Pardo Foodtruck INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

18420 SW 77th Ct Cutler Bay FL 33157**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Roberto F Pardo Gonzalez  
(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**


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

Roberto F Pardo Gonzalez  
18420 SW 77th Ct Cutler Bay  
FL 33157**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Roberto F Pardo Gonzalez  
18420 SW 77th Ct Cutler Bay  
FL 33157


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**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

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