

P23000017265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

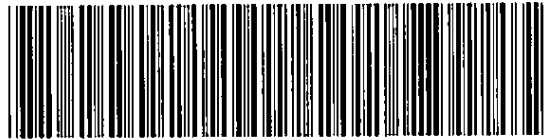
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM  
MAR - 7 2023

03/07/23--01001--008 \*\*78.75

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ALLAHASSEE, FLORIDA

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**CORPORATE  
ACCESS;  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** CAT 3/6

**XX**      **CERTIFIED COPY** \_\_\_\_\_  
☐      **PHOTOCOPY** \_\_\_\_\_  
☐      **CUS** \_\_\_\_\_  
**XX**      **FILING**      ARTICLES \_\_\_\_\_

1.      **SRQ STREET FOOD CORP.**  
          (CORPORATE NAME AND DOCUMENT #)
2.      \_\_\_\_\_  
          (CORPORATE NAME AND DOCUMENT #)
3.      \_\_\_\_\_  
          (CORPORATE NAME AND DOCUMENT #)
4.      \_\_\_\_\_  
          (CORPORATE NAME AND DOCUMENT #)
5.      \_\_\_\_\_  
          (CORPORATE NAME AND DOCUMENT #)
6.      \_\_\_\_\_  
          (CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: SRQ Street Food Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
3005 S Tuttle Ave, Sarasota, Florida 34230

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sale of Fast Food

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**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Nelson Aponte Hernandez, P & D

Address: 2904 Twin Dr, Sarasota, Florida 34234

Name and Title: Ivanna Diaz Petit

Address: 2904 Twin Dr, Sarasota, Florida 34234

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Nelson Aponte Hernandez  
Address: 2904 Twin Dr, Sarasota, Florida 34234

\_\_\_\_\_

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Nelson Aponte Hernandez  
Address: 2904 Twin Dr, Sarasota, Florida 34234

\_\_\_\_\_

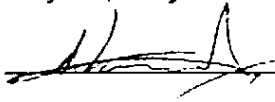
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

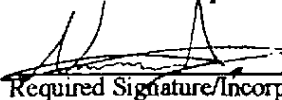
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

2/22/2023  
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

2/22/2023  
Date