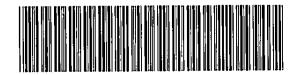
P23000043317

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SECRETARY OF STATE

May 9, 2023

Florida Department of State

Division of Corporations

PO BOX 6327

Tallahassee, FL 32314

Dear Sirs,

As owner of the following two entities, I would like to release my rights to use the name Amigos Cafe LLC (L22000414929) and Amigo's Cafe Inc (P93000041388). This is to allow me to apply for a new document number using that name.

ا have enclosed the application for the new document number and the appropriate fee

Thank you for help in this request.

Yours truly,

Ramiro-Elerena

President -Amigo's Cafe Inc.

Managing Member - Amigos Cafe LLC

COVER LETTER

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

SUBJECT: AMIGOS (PROPOSED CORPOR	GE INC. RATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an original and one (1) copy of the a	articles of incorporation and	l a check for:
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	
	RENG me (Printed or typed) i G.W.; [RG] Address	1 East Unit F
Naples FL	34//3 ry, State & Zip	
,	9643 Telephone number D Com6557 Sed for future annual report r	net t

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

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

ARTICLE 1 NAME The name of the corporation	on shall be: <u>AM1GDS</u>	Cate In	10	·	_
ARTICLE II PRINCI 11263 Tam Unit	PAL OFFICE Principal street address	. — N	1ailing address,	if different is:	
Naples, F	L 34113				
The purpose for which the	SE e corporation is organized is: All bus, ne ss	ac leac	Ilu G	//axen	0
Sper For		241 SER		° C	(
	7				
				2023 SEC1	
				HAY LAN	7
				17 IRY 0	7
ARTICLE IV SHARE. The number of shares of st	<u>s</u> tock is: 100 glygn	es Comu	104	PH 4: 38 OF STATE SEE, FI	M O
	OFFICERS AND/OR DIRECTORS	•			
Name and Title:	Ramigo Llegens				
Address _	11263 Tawigmi, Tag.	<u>/E</u> Address:	11263 1	amigui /	PilE
-	Usit F		Unit	F	
-	Naples, FL 341	<u> 113</u>	Naple	5 FL 3	4113
Name and Title:_		Name and Title:_			. <u> </u>
Address		Address:			
-					
-				. <u>-</u>	
No d Trid		Ni I Tid			
Address _		Address:			
-			<u>.</u> .		
_		<u>_</u>			

Name and Title:	Name ar	nd Title:	
Address	Address	s:	
			
ARTICLE VI REGISTERED AGENT			
The <u>name and Florida street address</u> (P.O. Box	· · · · · · · · · · · · · · · · · · ·	ered agent is:	
Name: KamiBO Llei			
Address: 11263 Jam. qu.	IRail East U.	wit F	
Naples, FL	341/3		
ADTICLE VII INCORDOR (TOD		₹ ¹	202 SE:
ARTICLE VII INCORPORATOR		7	SHA CRE
The <u>name and address</u> of the Incorporator is:	,	AH,	7/2
Name: Kamiro Lie	ereng	550	₹ 7 3 7 0 :
Address: 11263 Tami	ereng gui, Trail Egs	ASSEE, FI	DE STATE
Napke FL	34113	- T	် မေ မေ
,	-		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:		. (OPTIONAL)	
(If an effective date is listed, the date must be			90 days after
filing.)			
Note: If the date inserted in this block does not the document's effective date on the Department		titing requirements, this d	ate will not be
Having been named as registered agent to accept certificate, Lam Japilliar with and accept the app			
(A) Ma	•		Flah
Required Signature/R	Registered Agent		Date
I submit this document and affirm that the fac	ets stated herein are true. I an	n aware that the false info	ormation subn
document to the Department of State constitutes			2 ,
(W W a -			5/9/2