

PA30000047928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

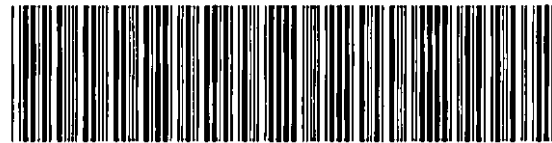
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Caplan

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2023 JUN 26 AM 5:26
SECRETARY OF STATE
TALLAHASSEE, FL

06/26/23--01019005 **478.75



2023 JUN 26 AM 11:11

COVER LETTER

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

SUBJECT: Rio Benito Grill 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy

☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Dominic Riccardo Bostos
Name (Printed or typed)

118 Tahiti Cove Street
Address

St John FL 32259
City, State & Zip

713 689 8688
Daytime Telephone number

jen.permit@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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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: Rio Bonito Grill Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
170 Follation Way Ste 8
St John FL 32259

Mailing address, if different is:

118 Tahiti Cove
St John FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Brazilian Grill Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brardo Bastos Name and Title: Pres.

Address: 118 Tahiti Cove Address: _____
St Johns FL _____
32259 _____

Name and Title: Daniel Ferreira Name and Title: _____

Address: 11075 Rivercreek Dr East Address: _____
Jax FL 32223 _____

Name and Title: N/A Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL

Name and Title: N/A 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: Jennifer Atkins
Address: 6671 Barth Rd
Jax FL 32219

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Atkins
Address: 6671 Barth Rd
Jax FL 32219

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

[Signature]
Required Signature/Registered Agent

6/26/2023
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.

[Signature]
Required Signature/Incorporator

6/26/2023
Date

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