

PA3000051293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

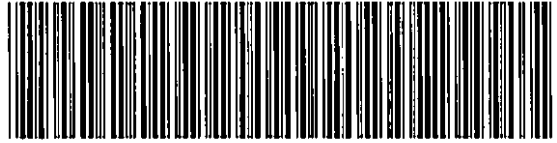
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Certified Copies _____

Certificates of Status _____

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Handwritten signature

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2023 JUL 11 PM 7:03

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUL 11 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 07/11/2023

****WALK IN****

ENTITY NAME Pa' Los Chinos Franchising, Corp.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

_____ Plain Copy
XXXXX _____ Certified Copy
_____ Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____ Certified Copy of Arts & Amendments
_____ Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
_____ Certificate of Status
_____ Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Sheppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Pa' Los Chinos Franchising, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5795 W. Irlo Bronson Memorial Hwy
Kissimmee, FL 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edgar Cruz, President

Name and Title: Damaris Torres, Vice President

Address: 4106 Foxtail Ct.
Kissimmee, FL 34746

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Kissimmee, FL 34746

Name and Title: Humberto Pomales Jr., Treasurer

Name and Title: _____

Address: 906 Hugo Cir.
Deltona, FL 32738

Address: _____

Name and Title: Celeste Marzan, Secretary

Name and Title: _____

Address: 417 Highland Meadows St.
Davenport, FL 33837

Address: _____

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TALLAHASSEE, FL

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: La Fiebre del Sabor Criollo LLC
Address: 5795 W. Irlo Bronson Memorial Hwy
Kissimmee, FL 34746

ARTICLE VII INCORPORATOR

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

Name: The Internicola Law Firm, P.C.
Address: 115 Maple Avenue.
Red Bank. NJ 07701

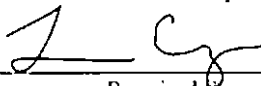
ARTICLE VIII EFFECTIVE DATE:

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.)

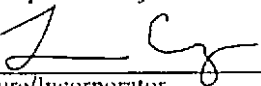
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

07/10/2023
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

07/10/2023
Date

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