9/18/23, 2:58 PM

Division of Corporations

## Florida Department

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Division of Corporations

Fax Number : (850)617-6381

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Account Name : FASTKIT CORP Account Number : I20100000009 : (305)599-0839 Fax Number : (305)592-9591

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## FLORIDA PROFIT/NON PROFIT CORPORATION HIJOLE TAQUERIA MOBILE CORP

Certificate of Status	0
Сепіfied Сору	1
Page Count	02
Estimated Charge	\$78.75

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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 corpora	ition; shall be: HIJOLE T	AQUERIA MO	BILE CORP
<u>ARTICLE II PRINC</u> 2150 NW 9TH	CIPAL OFFICE Principal street address STAPT 405		Mailing address, if different is. SAME
MIAMI FL 331	25	_	
ARTICLE III PURPO The purpose for which t	OSE the corporation is organized is:	SALES FOOD	& BEVERAGES
ARTICLE V INITIA	stock is: 100  LOFFICERS AND/OR DIRECTO	<u>rr</u>	le:
		Address:	le:
	MIAMI FL 33125		
Name and Title;		Nome and Tit	le:
Address		Address:	· · · · · · · · · · · · · · · · · · ·
			200
Name and Title:			8: 0:
, the bit it is .		Name and Titl	le:
Address			le:

Name and	l Title:Name an	d Trile:
Address	Address	
	····	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the register	red agent is:
Name:	ANGEL L GONZALEZ	
Address:	2150 NW 9TH ST APT 405	
	MIAMI FL 33125	
ADTICLE VIII	A'CORROD (TOD	
	NCORPORATOR	
	dress of the Incorporator is:  ANGEL L GONZALEZ	
Name:	2150 NW 9TH ST APT 405	
Address:	MIAMI, FL 33125	
	100 100, 7 2 33 123	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if o (If an effective da filling.)	ther than the date of filing: 09/14/2023 te is listed, the date must be specific and cannot be more	(OPTIONAL) than five days prior or 90 days after the
Note: If the date is the document's eff	nseried in this block does not meet the applicable statutory fifective date on the Department of State's records.	ling requirements, this date will not be listed as
Having been name certificate, I am fai	d as registered agent to accept service of process for the above miliar with and accept the appointment as registered agent an	stated corporation at the place designated in this d agree to act in this capacity
× Angel	Required Signature Registered Agent	09/14/2023
	Required Signature/Registered Agent	Date
I submit this docu document to the Do	ment and affirm that the facts stated herein are true. I am t epartment of State constitutes a third degree felony as provide	aware that the false information submitted in a d for in s.817.155, F.S.
× Anul		09/14/2023
Required Signature	2/Incomorator	Date