

To:

Page: 2 of 4.

2023-12-21 16:21 GMT

1305328-74

From: Yanet Avila

12/21/23, 11:21 AM

Division of Corporations

P23000086949

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000434321 3)))



H230004343213ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LA ORIGINAL MICHIOACANA INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

2023 DEC 21 PM 12:58

REFRESHED

2023 DEC 21 PM 7:37

ma

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

ARTICLE I NAMEThe name of the corporation shall be: LA ORIGINAL MICHOACANA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1745 OAKRIDGE RD ORLANDO, FL 32809**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MIGUEL CHAVEZ BERMUDEZ (P)

Name and Title: _____

Address 344 WASHINGTON AVE
HOMESTEAD, FL 33030

Address: _____

Name and Title: ARNULFO CHAVEZ BERMUDEZ (VP)

Name and Title: _____

Address 344 WASHINGTON AVE
HOMESTEAD, FL 33033

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 Dec 21 16:33

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: ADA CRUZAddress: 344 WASHINGTON AVEHOMESTEAD, FL 33033**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MIGUEL CHAVEZ BERMUDEZAddress: 344 WASHINGTON AVEHOMESTEAD, FL 33030**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 01/01/2024. (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

/s/ Ada Cruz_____
Required Signature/Registered Agent_____
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.

/s/ Miguel Chavez Bermudez_____
Required Signature/Incorporator_____
Date

2023 DEC 21 PM 7:37