

PR 4000035058

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GAEL SERVICES CORP
Account Number : I20230000060
Phone : (305)903-7797
Fax Number : (786)615-3110

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

Email Address: jmtilesolution@gmail.com

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RECEIVED

**FLORIDA PROFIT/NON PROFIT CORPORATION
DELICIAS EL CHELITO 503 INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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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: Delicias El Chelito S03 INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
180 NW 32nd PL

Mailing address, if different is:

Miami FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOEL Marquez P. Name and Title: _____

Address 180 NW 32nd PL Address: _____

Miami FL 33125

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Joel Marquez

Address: 180 NW 32 Nd PL

Miami FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joel Marquez

Address: 180 NW 32 Nd PL

Miami FL 33125

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/21/2024 (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

[Signature]

Required Signature/Registered Agent

5/21/2024

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

5/21/2024

Date

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TALLAHASSEE, FL