

P24000641859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

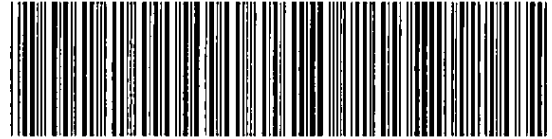
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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TALLAHASSEE, FL



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LA CHEESEQUERIA USA CORP

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



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TALLAHASSEE, FL

___ Art of Inc. File _____
___ LTD Partnership File _____
___ Foreign Corp. File _____
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___ Fictitious Name File _____
___ Trade/Service Mark _____
___ Merger File _____
___ Art. of Amend. File _____
___ RA Resignation _____
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___ Annual Report / Reinstatement _____
___ Cert. Copy _____
___ Photo Copy _____
___ Certificate of Good Standing _____
___ Certificate of Status _____
___ Certificate of Fictitious Name _____
___ Corp Record Search _____
___ Officer Search _____
___ Fictitious Search _____
___ Fictitious Owner Search _____
___ Vehicle Search _____
___ Driving Record _____
___ UCC 1 or 3 File _____
___ UCC 11 Search _____
___ UCC 11 Retrieval _____
___ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

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: LA CHEESEQUERIA USA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

1740 NW 122ND TERR.

PEMBROKE PINES FL 33026

Mailing address, if different is:

1740 NW 122ND TERR.

PEMBROKE PINES FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOOD DISTRIBUTOR

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CINDY J RESTREPO PRESIDENT

Address 1740 NW 122ND TERR

PEMBROKE PINES FL. 33026

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: T & J TAX SERVICE

Address: 1740 NW 122ND TERR

PEMBROKE PINES FL, 33026

ARTICLE VII INCORPORATOR

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

Name: CINDY J RESTREPO

Address: 1740 NW 122ND TERR

PEMBROKE PINES FL, 33026

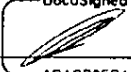
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/19/2024 (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.)

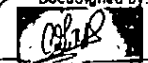
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

DocuSigned by:

ADACB8EBA81B Required Signature/Registered Agent

06/19/24
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.

DocuSigned by:

Required Signature/Incorporator

06/19/24
Date

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TALLAHASSEE, FL