

Florida Department of State

Division of Corporations

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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 DINORA PUPUSAS CALIDAD Y BUEN SABOR CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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MS

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: DINORA PUPUSAS CALIDAD Y BUEN SABOR CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1506 NW 24TH ST

1506 NW 24TH ST

BOYNTON BEACH, FL 33436

BOYNTON BEACH, FL 33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA DINORA ESCOBAR

Name and Title: _____

Address 1506 NW 24TH ST

Address: _____

BOYNTON BEACH, FL 33436

PRESIDENT

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: MARIA DINORA ESCOBAR
 Address: 1506 NW 24TH ST
BOYNTON BEACH, FL 33436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA DINORA ESCOBAR
 Address: 1506 NW 24TH ST
BOYNTON BEACH, FL 33436

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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.

X 
 Required Signature/Registered Agent

07/31/2024
 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.

X 
 Required Signature/Incorporator

07/31/2024
 Date