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	(Address)
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	TACOS EL C					
	(PROPOSED CORPORA	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:			
S70.00 Filing Fee	☐ S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of لئ Status			
FROM	LUIS RAMII	-2_	DPY REQUIRED 99			
	Name	e (Printed or typed)				
_	8800 UNIVERSI	Hy Bark 50 Address	ite C-2			
Pewsacol. N 32514 City. State & Zip						
870572 6846 Davtime Telephone number						
	Luis 9 Bas T. Fi Wi	d for future annual report of	COM potification)			

NOTE: Please provide the original and one copy of the articles.

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

ICLE II PRIN	Principal street addre	ess		Mailing ag	dress, if diff	erent is:	
or fine	700 LN 34 37	733		anton	mod	Top 2,	<u>~</u>
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						[T] -	
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umber of shares of	stock is: //	WAR RIBECTORE	President	T			
umber of shares of	stock is: //	WAR RIBECTORE	Name and Title	/ ::			
umber of shares of	stock is: 10 AL OFFICERS AND/ C: 0/9 A N 52/ PINE	OR DIRECTORS AVAZAYA TOP LIN	Name and Title	::			
umber of shares of	stock is: 10 AL OFFICERS AND/ C: 0/9 A N 52/ PINE	OR DIRECTORS AVAZAYA TOP LIN	Name and Title Address:	··			
umber of shares of	stock is: //	OR DIRECTORS AVAZAYA TOP LIN	Name and Title Address:	/ :: 			
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umber of shares of CLE V INITE. Name and Titl Address /	stock is: 10 ALOFFICERS AND/ C: 0/g A N C proform or	OR DIRECTORS AVARAGA TOP LIN NT 72 32	<u>1</u> 93 —				
CLE V INITE Name and Title Address / 6	stock is: 10 ALOFFICERS AND/ COLUMN STATEMENT CAN FORM ST	OR DIRECTORS AUADOUN TOP LINE MT 72 32	Name and Title				
umber of shares of CLE V INITE. Name and Titl Address /	stock is: 10 ALOFFICERS AND/ COLUMN STATEMENT CAN FORM ST	OR DIRECTORS AVARAGA TOP LIN NT 72 32	Name and Title	::			
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CLE V INITE Name and Title Address Address	stock is: 10 ALOFFICERS AND/ COLY PINE CAN FORM OF	OR DIRECTORS AVAZ-YM TOP LIN MT 72 32	Name and Title Address: Name and Title	:			

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: OlgANAVA Tryes	
Name: OlgANAVA Tryes Address: 102/ Pine Top Lw Contourner 76 32	
_cysvformon T76 32	-133
APTICLE VII - INCODBAD (TAB	
ARTICLE VII INCORPORATOR	2021
The <u>name and address</u> of the Incorporator is:	
Name: O/g A NAVA / Tejas	
Address: 102/ Pine Toplin	<i></i>
Name: O/g A NAVA Trejas Address: 102/ Pine Top Lin CANTON MOUT TL 32	2T33
Effective date, if other than the date of filing: 10 - 3 - 2	(·)
(If an effective date is listed, the date must be specific and cannot filing.)	t be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable s	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 certificate, I am familiar with and accept the appointment as registere	r the above stated corporation at the place designated in this ed agent and agree to act in this capacity
A1	
Required Signature/Registered Agent	10 - 3 - 2024 Date
I submit this document and affirm that the facts stated herein are to	
document to the Department of State constitutes a third degree felony	as provided for in s,817,155, F,S.
Olaa Nauha	10/8/2029
Required Signature/Incorporator	Date