Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION EPICENTRO CAFE HIALEAH, CORP.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

To:

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

e name of the corpor	tion shall be: EPICENTRO CAFE I	TIMERA, CORP.	
PRINCLE II PRINC 1006 W. 12th AV IALEAH, FL 33	Principal street address	5006 W. 12th AV HIALEAH, FL 3	ess, if different is: /E 3012
RTICLE III PURP c purpose for which	OSE the corporation is organized is: ANY A		IESS
- 			
	Esteck is: SHARES 100 @ \$1.00		2024 JAN 30 PH
	aL OFFICERS AND/OR DIRECTORS c: ARMANDO VALDES - P	Name and Title:	'
Address	5006 W. 12th AVE		70 P
	HIALEAH, FL 33012		
Name and Title	: <u> </u>	Name and Title:	
Address		Address.	
Name and Title	x <u> </u>	Name and Title:	

Name and Title:		Name and Title:		
Address		Address:		
. 10/17/27 43 4 16	necurens (ce)"			
	REGISTERED AGENT forida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	ARMANDO VALDES		21 FS	
Address:	5006 W. 12th AVE		SECRETARY ALLAHASSE 2024 JAN 30	
	HIALEAH, FL 33012		IAN HETA	
		•		
ARTICLE VII	<u>INCORPORATOR</u>		PH PH	
The name and at	titress of the Incorporator is:		OF STATE E.FLORIDA PH 4: 37	
Name:	ARMANDO VALDES	erren	37	
Address:	5006 W. 12th AVE			
	HIALEAH, FL 33012			
ARTICLE VIII	<u>EFFECTIVE DATE:</u>			
Effective date, if (If an effective d filing.)	other than the date of filing:	not be more than five days prior or 90 da	ys after the	
•		t	it aut he lived as	
	inserted in this block does not meet the applicabilities flective date on the Department of State's record		if not be fisted as	
Having heen nan certificate, I am f	ted as registered agent to accept service of process familiar with and accept the appointment as regist	s for the above stated corporation at the place tered agent and agree to act in this capacity	designated in this	
AFMANO VA		29/01/2	025	
of meeting agences (New 1887)	Required Signature/Registered Agent		Date	
I submit this doc	ument and affirm that the facts stated herein a Department of State constitutes a third degree felo	re true. I am aware that the false informati ony as provided for in s.817.155, F.S.	ion submitted in a	
Armando VA	-	29/01/2	2025	
Required Signatu		Date		