



**ARTICLE OF INCORPORATION**

**OF  
LAURITA'S CAFETERIA, CORP.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: LAURITA'S CAFETERIA, CORP.

The principal place of business of this corporation shall be:  
7033 NW. 36 AVH.  
MIAMI, FL. 33147

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 X \$ 10.00 = \$1,000.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

BASIC ACCOUNTING SERVICE  
692 W. 29 Street # 9  
Hialeah, Florida 33012  
(305) 887-4185  
HECTOR J. HALL

FILED  
95 MAY -2 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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#### **ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

GILBERTO MARTINEZ  
858 NE. 121 ST.  
N.MIAMI, FL.33161

DIRECTOR

#### **ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

GILBERTO MARTINEZ  
858 NE. 121 ST.  
N.MIAMI, FL. 33161

PRESIDENT, SECRETARY & TREASURER

The undersigned has(have) executed these Article of Incorporation this SECOND day of MAY, 1995.

Gilberto Martinez PRES. SEC. TREAS  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: LAURITA'S CATERIA, CORP.

2. The name and address of the registered agent and office

is GILBERTO MARTINEZ  
(Name)

858 NE. 121 ST.  
(P. O. BOX NOT ACCEPTABLE)

N. MIAMI, FL. 33161  
(CITY/STATE/ZIP)

FILED  
95 MAY -2 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE *Gilberto Martinez*

DATE MAY 2, 1995

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**P95000034263**  
**STATE OF FLORIDA**  
**OFFICE OF THE COMPTROLLER**  
**APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: LAURITAS CALIFORNIA CORP EIN or SS#: 65-0577207  
 Address: 692 W 29 ST #9  
Wheeler FL 33012

Amount: \$225 Date Paid 8-8-96

Reason for claim: P95000034263-duplicate  
billing on the AR

Certified true and correct this 4 day of Sept., 19 96.

Signature: [Signature]

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

**For Agency Use Only**

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 225

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 971247 dated 8-8-96

Name of Account: 45202130001453000000000010000

Statutory Authority for Collection: 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 452021300014530000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Department of State, Division of Corporations (Agency) \_\_\_\_\_ (Authorized Signature and Title)