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FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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DIVISION OF CORPORATIONS TO:

FAX #: (850)922-4001

FROM: ANTHONY P. BERNARD

ACCT#: 071162000147

CONTACT: ANTHONY BERNARD PHONE: (305)251-4591

FAX #: (305)251-1975

NAME: DOWNTOWN CAFE, INC.

AUDIT NUMBER..... H9800000657

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A. PAGES..... 3 DEL.METHOD. FAX CERT. OF STATUS...0

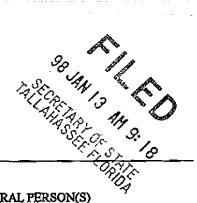
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FAX AUDIT#: H9800000657

ARTICLES OF INCORPORATION



DOWNTOWN CAFE, INC.

(Name of Corporation)

THE UNDERSIGNED SUBSCRIBER(S) TO THESE ARTICLES OF INCORPORATION, NATURAL PERSON(S)
COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I - CORPORATE NAME

THE NAME OF THE CORPORATION IS : <u>DOWNTOWN CAFE. INC</u>
299 NE 2ND AVENUE . MIAMI, FL. 33132

ARTICLE II - DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING TO FLORIDA LAW.

ARTICLE III - PURPOSE

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV - CAPITAL STOCK

THE CORPORATION IS AUTHORIZED TO ISSUE <u>ONE THOUSAND</u> SHARES (1000) OF <u>ONE</u> DOLLAR (S) <u>(\$1.00)</u> PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON SHARES".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

THE NAME AND STREET ADDRESS OF THE INTIAL REGISTERED AGENT OF THIS CORPORATION IS:

NAME	MICHAEL C. CAFA	RO	- ·			
ADDRESS	100 NE 15TH STRE	ET SUTTE 103-C				
CITY	HOMESTEAD	STATE	FLORIDA	ZIP	33130	

ARTICLE VI - INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE <u>ONE</u> (1) DIRECTOR(S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE NAMES AND ADDRESSES OF THE INITIAL DIRECTOR (S) OF THE CORPORATION ARE AS FOLLOWS:

NAME	ROBERT VILI	ANUEVA (PRESI	DENT/TREASURER)			
ADDRESS	299 NE 2ND A					
CITY	MIAMI	STATE	FLORIDA	ZIP	33132	
NAME						
ADDRESS						
CITY		STATE		ZIP		
NAME						
ADDRESS						
CITY		<u>STATE</u>		ZIP		
NAME			 			
ADDRESS		647 A 1919				
CITY		STATE		ZIP		

PREPARED BY: ANTHONY BERNARD 16201 S.W. 95 AVENUE STE. # 109 MIAMI FL 33157 (305) 251-4591

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ARTICLE VII - INCORPORATORS

 ,			· · · · · · · · · · · · · · · · · · ·		
NAME	ROBERTO VILLANUEVA (F	RESIDENT/TRE/	ASURER)		
ADDRESS	299 NE 2ND AVENUE				
CITY	MIAMI STATE	FLORIDA	ZIP	33132	
NAME					<u> </u>
ADDRESS		<u> </u>			
CITY	ST ST	ATE		ZIP	
NAME				· · · · · · · · · · · · · · · · · · ·	
ADDRESS		·		 	
CITY	ST	ATE	·	ZIP	
NAME					
ADDRESS					
CITY	<u> </u>	TATE	· · · · · · · · · · · · · · · · · · ·	ZIP	
IN WITNESS V THIS <u>SIXTH</u>	WHEREOF, THE UNDERSIGNED DAY	SUBSCRIBER(S) OF	HAVE EXECUTED T	HESE ARTICLES 19 <u>98</u>	OF INCORPORATION
	_	10	the f		(SEAL)
					(SEAL)
					(SEAL)
STATE OF FL	ORIDA				
COUNTY OF	DADE				
BEFORE ME, A SET FORTH AI	NOTARY PUBLIC PUBLIC AUT BOVE, PERSONALLY APPEAREI	HORIZED TO TA	KE ACKNOWLEDGE	EMENTS IN THE S	TATE AND COUNTY
ROBER'	TO VILLANUEVA				
KNOWN TO M AND WHO AC	E AND KNOWN TO BE THE PER KNOWLEDGED BEFORE ME TH	SON(S) WHO EX IAT <u>HE</u> E	ECUTED THE FORE EXECUTED THESE A		
IN WITNESS W THIS <u>SIX</u> TH	HEREOF, I HAVE HEREUNTO A DAY OF	FFIXED MY HAN		E STATE AND CO	DUNTY AFORESAID,
NOTARY SEA	L)		Allen	Som	
			(NOTARY PUBLIC,	STATE OF FLORI	DA AT LARGE)

MY COMMISSION EXPIRES:

FAX AUDIT #: H98000000657



FAX AUDIT #: H98000000657

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

DOWNTOWN CAFE, INC.	-
	(NAME OF CORPORATION)

PURSUANT TO FLORIDA STATUTES SECTIONS 48.091 AND 607.034, THE FOLLOWING SUBMITTED: THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION

AT 100 NE 15TH STREET, SUITE 103-C

HAS NAMED MICHAEL C CAFARO

LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

ACKNOWLEDGEMENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.

(REGISTERED AGENT)

PREPARED BY: ANTHONY BERNARD

16201 S.W. 95 AVENUE STE.# 109

MIAMI FL 33157 (305) 251-4591 98 JAN 13 AM 9: 18
SECRETARY OF STATE
TALLAHASSEE FLORING

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