

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400003023444-3

-10/25/99--01067--002

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MATEO'S RESTAURANT, INC.  
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED  
99 OCT 25 AM 11:28  
DEPARTMENT OF STATE  
OFFICE OF CLERICAL SERVICES  
TALLAHASSEE, FLORIDA

FILED  
99 OCT 25 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**MATTEO'S RESTAURANT, INC.**

**FILED**  
99 OCT 25 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I**

**NAME**

The name of the corporation shall be:

**MATTEO'S RESTAURANT, INC.**

**ARTICLE II**

**PRINCIPAL OFFICE**

The principal place of business of said corporation shall be at:

**39 S.E. 1<sup>ST</sup>. AVENUE  
BOCA RATON, FL 33432**

with the privilege of having branch offices at other places within or without the State of Florida.

**ARTICLE III**

**CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**Five Hundred Shares**

Articles of Incorporation

**ARTICLE IV**

**INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

**Nohora Cabeza  
5401 Collins Ave. #225  
Miami Beach, Fl 33140**

**ARTICLE V**

**INCORPORATORS**

The names and street addresses of the incorporators to these Articles of Incorporation are:


**NAME**

**ADDRESS**


**Nohora Cabeza - President, Treas. Secr.**

**5401 Collins Avenue # 225  
Miami Beach, Fl 33140**

IN WITNESS WHEREOF, WE, the undersigned, being each of the original subscribers to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, and do respectfully agree to take the number of shares hereinabove set forth, and hereunto set our hands and seals, this the 21st day of October, 1999.

  
Nohora Cabeza - President, Treas. Secr.

**BEFORE ME**, the undersigned authority, personally appeared **Nohora Cabeza**, who is known to me to be the person described in and who executed the foregoing Articles of Incorporation and who, after being by me first duly sworn, on oath, depose and say and do acknowledge before me, that the said Articles to be the act and deed of the signer respectively and the facts and matters therein set forth are true and correct.

  
Notary Public



Juan Taboada  
MY COMMISSION # CC684412 EXPIRES  
September 29, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

Articles of Incorporation

**CERTIFICATE DESIGNATING RESIDENT AGENT**

Pursuant to the provisions of section 607.0501, 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.

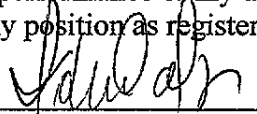
1. The name of the corporation is:  
**MATTEO'S RESTAURANT, INC.**
2. The name and address of the registered agent and office is:  
**Nohora Cabeza**  
**5401 Collins Ave. # 225**  
**Miami Beach, FL 33140**



**Corp. Officer: Nohora Cabeza**  
**President**

**Date: October 20th, 1999**

Having been named to accept service of process for the above stated corporation at place designated in this Certificate, I hereby accept the appointment 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 registered agent.



**Nohora Cabeza**  
**October 20th, 1999**

STATE OF FLORIDA )  
 ) SS:  
COUNTY OF DADE )

**I HEREBY CERTIFY** that on this day before me, a Notary Public duly authorized in the State and County above-named to take acknowledgments, personally appeared **Nohora Cabeza** to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that he executed the foregoing Certificate Designating Resident Agent.

**IN WITNESS WHEREOF**, I set my hand and official seal in the County and State named above, this 20th day of October, 1999



Juan Taboada  
MY COMMISSION # CC684412 EXPIRES  
September 29, 2001  
BONDED THRU TROY FAIR INSURANCE, INC

**FILED**  
99 OCT 25 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA