

P99000098935
Requester's Name

Address

City/State/Zip

Phone #

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-11/09/99-01106--002
*****78.75 *****78.75

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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99 NOV -9 AM 11:40
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

11/10
Examiner's Initials *gjc*

ARTICLES OF INCORPORATION
OF
OLE OLE SPANISH FOOD
INCORPORATED

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ARTICLE I. NAME

THE NAME OF THE CORPORATION SHALL BE "OLE OLE SPANISH FOOD INCORPORATED"

ARTICLE II. PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE CORPORATION SHALL BE: 9290 SW, 72 STREET, SUITE 106, MIAMI, FLORIDA 33173.

ARTICLE III. CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100. EACH SHARE WILL BE WORTH US\$ 10.00 AND ALL OF THESE WILL BE COMMON STOCKS.

ARTICLE IV. REGISTERED AGENT

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS MANUEL CALVO, 9290 SW 72 STREET, SUITE 106, MIAMI, FLORIDA 33173.

ARTICLE V. INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

MANUEL CALVO
9290 SW 72 STREET, SUITE 106
MIAMI, FLORIDA 33173.

ARTICLE VI. FISCAL YEAR

THE TAX FISCAL YEAR FOR THE CORPORATION STARTS ON JANUARY 1 OF EVERY YEAR AND ENDS ON DECEMBER 31.

ARTICLE VII. PURPOSE OF THE CORPORATION

THE PURPOSE OF THE CORPORATION IS TO: MANUFACTURE, PRODUCE, PURCHASE, OR OTHERWISE ACQUIRES, SELLS, IMPORTS, EXPORTS, DISTRIBUTES, AND DEALS IN GOODS, WARES, MERCHANDISE AND MATERIALS OF ANY KIND AND DESCRIPTION.

THE FOREGOING PURPOSES AND ACTIVITIES WILL BE INTERPRETED AS EXAMPLES ONLY AND NOT AS LIMITATIONS, AND NOTHING THEREIN SHALL BE DEEMED AS PROHIBITING THE CORPORATION FROM EXTENDING ITS ACTIVITIES TO ANY RELATED OR OTHERWISE PERMISSIBLE LAWFUL BUSINESS PURPOSES WHICH MAY BECOME NECESSARY, PROFITABLE, OR DESIRABLE FOR THE FURTHERANCE OF THE CORPORATE OBJECTIVES EXPRESSED ABOVE.

ARTICLE VIII. BOARD OF DIRECTORS

A BOARD OF DIRECTORS WILL BE IN CHARGE OF THE DIRECTION AND ADMINISTRATION OF THE CORPORATION, SUCH BOARD WILL BE FORMED BY (1) PRESIDENT, (1) VICE-PRESIDENT, AND (1) SECRETARY, WHICH WILL BE NAMED BY ASSEMBLE OF SHAREHOLDERS FOR A PERIOD OF TWO YEARS.

THE NAME OF THE INITIALS MEMBERS OF THE BOARD OF DIRECTORS ARE:

PRESIDENT: MANUEL CALVO
9290 SW 72 STREET
MIAMI, FLORIDA 33173

VICE-PRESIDENT: MARIBEL CALVO
9290 SW 72 STREET, SUITE 106
MIAMI, FLORIDA 33173

SECRETARY: MANUEL CALVO
9290 SW 72 STREET, SUITE 106
MIAMI, FLORIDA 33173.

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 4 DAY OF NOVEMBER 1999.

SIGNATURE



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.

THE NAME OF THE CORPORATION IS: **OLE OLE SPANISH FOOD INC.**

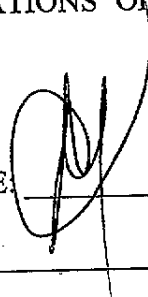
THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

MANUEL CALVO
9290 SW 72 STREET, SUITE 106
MIAMI, FLORIDA 33173

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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.

SIGNATURE: _____

DATE: _____


11/4/99

STATE
TALLAHASSEE, FLORIDA

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