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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NJ ACCOUNTING SERVICES CORP
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Phone : (305)686-2850
Fax Number : (844)587-9637

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: njtaxservices22@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
AINHOA CAFE CORP**

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Corporate Filing Menu

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COVER LETTER

(((H2500044866 3)))

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: AINHOA CAFE CORP(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee☐ \$78.75
Filing Fee
& Certificate of Status☐ \$78.75
Filing Fee
& Certified Copy☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status**ADDITIONAL COPY REQUIRED****FROM: OMARA I HEREDIA DELGADO**

Name (Printed or typed)

1666 WEST 31ST PL

Address

HIALEAH, FL 33012

City, State & Zip

305-686-2850

Daytime Telephone number

njtaxservices22@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAMEThe name of the corporation shall be: AINHOA CAFE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address1000 WEST 31ST PLHIALEAH, FL 33012

Mailing address, if different is:

1666 WEST 31ST PLHIALEAH, FL 33012**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: N/A**ARTICLE IV SHARES**The number of shares of stock is: 500

FILED
SECRETARY OF STATE
JALLAHASSEE, FLORIDA
2025 FEB -5 PM 4:43

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: HEREDIA DELGADO, OMARA I, PAddress: 336 E 2ND ST
HIALEAH, FL 33010Name and Title: CRESPO, MAYRA, VPAddress: 9058 SW GRAND CANAL DR
MIAMI, FL 33174

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(((H2000044000 3)))

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OMARA I HEREDIA DELGADO
Address: 336 E 2ND ST
HIALEAH, FL 33010

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: OMARA I HEREDIA DELGADO
Address: 336 E 2ND ST
HIALEAH, FL 33010

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2025 FEB - 5 PM 4:43

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:

Omara Heredia Delgado 02/05/2025
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Omara Heredia Delgado 02/05/2025
Required Signature/Incorporator Date