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SECRETARY OF STATE

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# **COVER LETTER**

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

SUBJECT:	SAVON TONIQUE, INC  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORA'	FE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	
✓ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
	ABINI	A I ENOID		
FROM:	ANNA LENOIR  Name (Printed or typed)  P O BOX 561823  Address  Address			
Address ASSE				**************************************
	MIAMI FL 33256-1823			
City, State & Zip				
	305 606 4700 Daytime Telephone number			
	Daytine 10	orephone number		
<del></del>	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 NAME

The name of the corporation shall be:

SAVON TONIQUE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 2506 PONCE DE LEON BLVD CORAL GABLES, FL 33134

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS

#### ARTICLE IV SHARES

The number of shares of stock is: 100,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ANNA LENOIR, PRESIDENT ALLEN LENOIR, VICE-PRESIDENT

## ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: ANNA LENOIR

2506 PONCE DE LEON BLVD CORALGABLES, FL 33134

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANNA LENOIR P O BX 561823 MAIMI, FL 33256-1823

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

Cana help	08/20/2009
Signature/Registered Agent	Date
anna hit	08/20/2009
Signature/Incorporator	Date

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