Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001458673))) 47213



H110001458673ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

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

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION SAFA PA NOU, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/02

EMPIRE CORP KIT

3026339696

98,03/2011 05:32

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

	In compliance with Chapter 607 and	Vor Chapter, 621,	F.S. (Profit)	011
ARTICLE I he name of the co	NAME SAFA PA NOU, INC. orporation shall be:		11 JUN -3	AM 9:
RTICLEII	PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
	2031 N.E. 172 STREET NORTH MIAMI BEACH, FL 33162			
	PURPOSE which the corporation is organized is: LL LAWFUL BUSINESS	***************************************		
RTICLE IV	SHARES ures of stock is: 100			
RTICLE V	INITIAL OFFICERS AND/OR DIRECTOR			
Name and T Address:	itle: P-WILLIAMS EDOUARD	_	D- SMITH CASSAMAJOR	
Addiess.	861 NE 209 TERR, #206 MIAMI, FL 33179	_ Address: _	2031 NE 172 STREET NORTH MIAMI BEACH, FL	<u>33</u> 162
Name and T	itle:VP-MARIE ALIOSEPH	- Name and Title	D- FRANCY SENEQUE	
Address:	2031 NE 172 ST	_ Name and Title _ Address:	1550 NE 151 ST	
	NORTH MIAMI BEACH, FL 33162	-	NORTH MIAMI BEACH, FL	33162
Name and Ti	itle: S/T- SERGE P. JOSEPH	_ Name and Title	:	
Address:	1487 NE 110 STREET	_ Address:		
	MIAMI, FL 33161	- -		_
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	74L.,	_+ :	
Name:	SMITH CASSAMAJOR	me registeren age.	III 15.	
Address:	2031 NF_172 STREET	-		
	NORTH MIAMLBEACH, FL 33167	2		
RTICLE VII	INCORPORATOR			
	dress of the Incorporator is:			
Name: Address:	SMITH CASSAMA JOR	-		
rumes.	NORTH MIAMI BEACH, FL 3316	32		
	ed as registered agent to accept service of process			ated in
us certywate, 1 an 	n fumiliar with and accept the appointment as regi	isterea agent ana (
< th.	Required Signature/Registered Agent	<u></u>	6/3/201,	<u>/_</u>
	Required Signature/Registered Agent		Date	
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felony			ed in a
)		•	6/3/2	011
アーと	Required Signature/Incorporator		Date	

PAGE 02/02