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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

AL

LIMITED LIABILITY COMPANY

LA MAISON DU PATE OF MIAMI BEACH, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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RECEIVED

**ARTICLES OF INCORPORATION**  
**OF**  
**LA MAISON DU PATE OF MIAMI BEACH, L.L.C.**

17:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I NAME**

The name of the limited liability company is  
**LA MAISON DU PATE OF MIAMI BEACH, L.L.C.** (hereinafter "the Company").

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Company is.

**5600 COLLINS AVENUE  
MIAMI BEACH FLORIDA 33140**

**ARTICLE III DURATION**

The Company's existence shall commence upon the filing of these Articles of Organization with the Florida Department of State and said existence will be perpetual.

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent of the Company is:

**PATRICK MOYAL  
208 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024**

### **ARTICLE V CONTINUATION OF BUSINESS**

The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any event, which terminates the continued membership of a member in the Company. The business may be continued only on the affirmative vote of a majority of the then remaining members pursuant to the terms of the Company's regulations.

### **ARTICLE VI PURPOSE**

The Company may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation for which Limited Liability Companies may be created under § 608.404, Fla. Stat., as amended and supplemented.

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### **ARTICLE VII ORGANIZER**

The name and street address of the person signing these Articles as organizer is:

FLORENCE MARIE  
812 NE 90 STREET #4  
MIAMI, FLORIDA 33138

### **ARTICLE VIII MANAGEMENT**

The Company will be managed by two (1) manager, the name of which is as follows:

FLORENCE MARIE  
812 NE 90 STREET #4  
MIAMI, FLORIDA 33138

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Fla. Stat. § 608.415, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name and address of the limited liability company is:

**LA MAISON DU PATE OF MIAMI BEACH, L.L.C.  
5600 COLLINS AVENUE  
MIAMI BEACH FLORIDA 33140**

1. The name and address of the registered agent and office is:

**Patrick MOYAL  
208 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FLORIDA 33024  
(954) 430-3930**

Having been named to accept service of process for the above-named limited liability company, 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 obligation of my position as registered agent.

Dated: **November 8, 2001**

  
**PATRICK MOYAL**  
Registered Agent

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