

N10000008400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

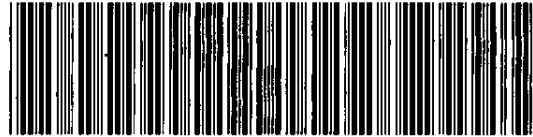
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP -3 PM 3:45

APPROVED
AND
FILED

Ps 9/7/10

COVER LETTER

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

SUBJECT: PIERRE and SHARMIN, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: PIERRE CHARLES HYPPOLITE
Name (Printed or typed)

P.O. Box 380454
Address

MIAMI FL 33238
City, State & Zip

954/ 793-5235
Daytime Telephone number

n/a
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 617, F.S., (Not for Profit)

APPROVED
AND
FILED

10 SEP -3 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PIERRE and SHARMIN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

**40 NE 69 ST
MIAMI FL 33138**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- FOR CHARITABLE WORK
- For donations

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY ELECTION EVERY TWO YEARS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

PIERRE CHARLES HYPPOLITE	SHARMIN HYPPOLITE
DIRECTOR	OFFICER
40 NE 69 ST	40 NE 69 ST
MIAMI FL 33138	MIAMI FL 33138

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

PIERRE CHARLES HYPPOLITE
40 NE 69 ST
MIAMI FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PIERRE CHARLES HYPPOLITE
P.O. Box 380454
MIAMI FL 33238

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.

Pierre Hyppolite
Signature/Registered Agent

08-26-10
Date

Pierre Hyppolite
Signature/Incorporator

08-26-10
Date