

# P000000079043

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

**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.**

(((H00000043968 7)))

**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) 922-4001

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 AUG 21 AM 9:34

FILED

## FLORIDA PROFIT CORPORATION OR P.A.

LISA'S EUROPEAN DELIGHTS, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLE OF INCORPORATION

OF

LISA'S EUROPEAN DELIGHTS, INC

FILED  
00 AUG 21 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FLORIDA A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF CORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION WILL BE: LISA'S EUROPEAN DELIGHTS, INC. THE PRINCIPLE PLACE OF BUSINESS OF THIS CORPORATION WILL BE: THE STATE OF FLORIDA AND ALL THE UNITED STATES: 3700 NW 114 AVE; CORAL SPRING, FL; 33065.

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA OR ANY OTHER STATES, COUNTRY, TERRITORY, OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND IT'S VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANYONE TIME IS: ONE HUNDRED SHARES OF COMMON STOCK WITH PER VALUE OF THE (\$1.00) DOLLARS PER SHARE, ALL OF THE STOCK WILL BE PAYABLE IN CASH, REAL OR PERSONAL PROPERTY, OR LABORS, OR SERVICES IN LIEU OF CASH VALUATION OF ANY OF THE ABOVE TO BE FIXED BY THE BOARD OF DIRECTORS OF THIS CORPORATION.

Prepared By: J & C Accounting Services, Inc.  
18125 SW 138 CT.  
Miami, FL 33177  
(305) 578-3634

ARTICLE IV OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY

ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(E) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO WILL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE UNTIL THEIR SUCCESSOR(S) IS/ARE ELECTED, IS/ARE:

LISA DIXON - PRESIDENT  
3700 N.W. 114 AVE.  
CORAL SPRING, FL 33065

LISA DIXON - TREASURER  
3700 N.W. 114 AVE.  
CORAL SPRING, FL 33065

LISA DIXON - VICE PRESIDENT  
3700 N.W. 114 AVE.  
CORAL SPRING, FL 33065

ARTICLE VI INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(E'S) OF THE CORPORATOR(S) TO THIS ARTICLES OF INCORPORATION IS/ ARE:

LISA DIXON - PRESIDENT  
3700 N.W. 114 AVE  
CORAL SPRING, FL 33065

LISA DIXON - VICE PRESIDENT  
3700 N.W. 114 AVE  
CORAL SPRING, FL 33065

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS/HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS 09, AUGUST 2000.

PRESIDENT  
LISA DIXON

VICE PRESIDENT  
LISA DIXON

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

Pursuant to the provisions of Section 607.325, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

LISA'S EUROPEAN DELIGHTS, INC.

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

LISA DIXON, 3700 NW 114 AVE.  
(P.O. BOX NOT ACCEPTABLE)

CORAL SPRING, FL 33065  
(CITY / STATE / ZIP)

FILED  
00 AUG 21 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNATURE

TITLE

DATE

Lisa Dixon  
PRESIDENT  
8/20/00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES,

SIGNATURE

DATE

Lisa Dixon  
8/20/00