

PD3000054047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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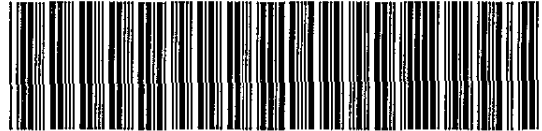
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
03 MAY -8 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

(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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_ 601 W. Atlantic Avenue  
Delray Beach, FL 33444

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

2-11238



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 18, 2003

SHERLENE DAVIS  
601 W ATLANTIC AVE  
DELRAY BEACH, FL 33444

SUBJECT: LEOGANE MARKET, INC.  
Ref. Number: W03000011238

We have received your document for LEOGANE MARKET, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file.

If you have any further questions concerning your document, please call (850) 245-6919.

Beth Register  
Corporate Specialist Supervisor  
New Filings Section

Letter Number: 303A00023529

**ARTICLES OF INCORPORATION**

**Of**

**LEOGANE MARKET, INC.**

**FILED**  
03 MAY -8 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, and hereby form a corporation under the laws of the State of Florida in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit).

**ARTICLE I – CORPORATE NAME**

The name of the Corporation shall be: Leogane Market, Inc.

**ARTICLE II – PRINCIPAL OFFICE**

The principal place of business/mailling address of the corporation is 601 W. Atlantic Avenue, Delray Beach, Palm Beach County.

**ARTICLE III – PURPOSE**

The corporation is organized for the purpose of providing retail and wholesale consumable and non-consumable goods, and similar business activities permitted under the laws of the United States and the State of Florida.

**ARTICLE IV – CAPITAL STOCK**

The corporation is authorized to issue ONE HUNDRED (100) shares of ONE Dollar (\$1.00) par value Common Stock, which shall be designated Common Shares.

**ARTICLE V – INITIAL OFFICERS/ DIRECTORS**

The corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time, but shall never be less than ONE (1). The names and addresses of the initial director of the corporation are as follows:

Name/Title


Address

Jerome Figaro  
President

110 SW 6<sup>th</sup> Avenue  
Delray Beach, FL 33444


**ARTICLE VI – REGISTERED AGENT**

The name and Florida street address of the registered agent is:

  
\_\_\_\_\_  
Sherlene D. Davis  
5728 Strawberry Lakes Circle  
Lake Worth, FL 33463

**ARTICLE VII – INCORPORATOR**

The name and address of the incorporator of this corporation shall be:

  
\_\_\_\_\_  
Jerome Figaro  
110 SW 6<sup>th</sup> Avenue  
Delray Beach, FL 33444

**Certificate and Acknowledgment of Registered Agent**

**Certificate of Registered Agent**

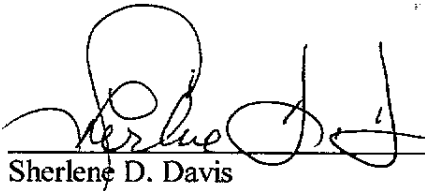
**Of**

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at:

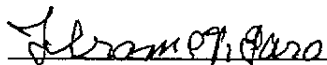
Sherlene Davis  
601 W. Atlantic Avenue  
Delray Beach, FL 33444

**Acknowledgment**

Having been named as Registered Agent to accept service of process for the above state corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

  
\_\_\_\_\_  
Sherlene D. Davis  
Registered Agent

4-7-03  
Date

  
\_\_\_\_\_  
Jerome Figaro  
Incorporator

4-7-03  
Date

FILED  
03 MAY -8 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA