P04000170589

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP_ WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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11/29/04--01027--020 **78.75

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TRANSMITTAL LETTER

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

SUBJECT:	pillon Re	stourant	-Inc.	
- 🕻	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	IDE SUFFIX)	
Enclosed are 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	tarold Je	Printed or typed)	2,	
Ī	2018 NE 6 P	ddress		
	. 1	<u> </u>		

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

786-273-5825

Daytime Telephone number



Secretary of State

December 6, 2004

HAROLD JEAN-PIERRE 15018 NE 6 AVE N MIAMI, FL 33161

SUBJECT: PAPILLON RESTAURANT INC.

Ref. Number: W04000044370

We have received your document for PAPILLON RESTAURANT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Letter Number: 004A00068137

Justin M Shivers Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: POPINON RESTAURANT INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5734 NW 2 AVE MIAMI, FC 33127
ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO Transact business in Florida For Prof.
ARTICLE IV SHARES The number of shares of stock is: 1000 8 vares at \$ 5.00 par
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Herold Jean-Pierre-President 2031 Renaissance blv. # 107 Miramar, FC 33005
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
2031 Renaissance Idv. # 107
Muramar, FC 33025
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Herold Jean-Pierre 2031 Renaissance biv.# 107 Minamar, FC 33025
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this
certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity
11-18-09
Signature/Registered Agent Incorporator Date

Date

Signature/Incorporator