

P05000070331

Florida Department of State
Division of Corporations
Public Access System

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.

((H05000121768 3)))

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)205-0381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

FILED
05 MAY 12 AM 10:00
DIVISION OF STATE
CORPORATIONS, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

LUDEE'S CAFE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

[Handwritten Signature]
5/13/05

H05000121768 3

LUDEE'S CAFE, INC.

ARTICLES OF INCORPORATION

The undersigned, desiring to incorporate a corporation under the provisions of the Florida Business Corporation Act, does hereby certify:

1. The name of the Corporation is:

LUDEE'S CAFE, INC.

2. The principal mailing address of the Corporation is 2821 S. Oakland Forest Dr., #202, Box 2, Oakland Park, FL 33309.

3. The aggregate number of shares of capital stock which the Corporation shall have the authority to issue is One Thousand (1,000) shares of common stock having a par value of One Dollar (\$1.00) each.

4. There shall be no preemptive rights with respect to any shares of stock of the Corporation.

5. The initial registered office of the Corporation shall be located at 2999 N.E. 191 St., Fifth Floor, Aventura, FL 33180, and the initial Registered Agent shall be David Vogel.

6. The name and address of the sole incorporator hereof is:

Name

Address

Debra Carroll

2821 S. Oakland Forest Dr., #202, Box 2,
Oakland Park, FL 33309

7. The initial Board of Directors shall be comprised of Two (2) members. The number of Directors may be either increased or diminished from time to time by the Bylaws but shall never be less than one (1).

The name and address of the initial Directors are:

Name

Address

Debra Carroll

2821 S. Oakland Forest Dr., #202, Box 2,
Oakland Park, FL 33309

Lumenes St. Louis

2821 S. Oakland Forest Dr., #202, Box 2,
Oakland Park, FL 33309

H05000121768 3

H05000121768 3

8. The general nature of the business to be transacted by the Corporation shall be to engage in and to do any lawful act permitted under the laws of the United States of America and of the State of Florida.

9. The term for which the Corporation is to exist is perpetual.

10. The formation of the Corporation shall be effective as of the date hereof.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this ____ day of April, 2005.

Debra L. Carroll
Debra Carroll, Incorporator

STATE OF FLORIDA

COUNTY OF MIAMI-DAD L

)
) SS
)

The foregoing instrument was acknowledged before me this 12th day of May, 2005, by Debra Carroll, who is ~~personally known to me, or~~ has produced (notarized) FOL 6690-172-49-963-0 as identification.

David M. Vogel (SEAL)
Notary Public, State of Florida

michael.carroll.wpd



David M. Vogel
My Commission DP087488
Expires March 08, 2008

H05000121768 3

H05000121768 3

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is: LUDEE'S CAFE, INC.
2. The name and address of the registered agent and office is:

DAVID VOGEL
P.O. BOX NOT ACCEPTABLE

2999 N.E. 191 St., Fifth Floor, Aventura, FL 33180

(CITY/STATE/ZIP)

SIGNATURE *Alfreda L. Carroll*
(corporate officer) (Incorporator)

TITLE Incorporator

DATE May 12, 2005

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 MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *[Signature]*

DATE 5/12/05

article05.carroll.wpd

REGISTERED AGENT FILING FEE: \$35.00

FILED
05 MAY 12 AM 10:00
STATE
OFFICE
FLORIDA

H05000121768 3
TOTAL P.04