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## TRANSMITTAL LETTER

Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323		<del></del>	
SUBJECT:	Le Mistra (PROPOSED CORPORA)	· '-	IINES IERIVI
Enclosed are an orig	inal and one (1) copy of the artic		
\$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
FROM:		/ KOELZ (Printed or typed)	
-		Y ONE STE 29-30 Address	
		BEACH, FL. 33408 State & Zip	
		716 4592	

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

#### 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:

Le Mistral, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 12189 US HWY ONE STE 29-30 NORTH PALM BEACH, FL.

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OPERATION OF RESTAURANT

#### ARTICLE IV SHARES

The number of shares of stock is: 100

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

AMY KOELZ 12189 US HWY ONE STE 29-30 NORTH PALM BEACH, FL.

PRES. TREAS.

KATHY CAPOZIO 12189 US HWY ONE STE 29-30 NORTH PALM BEACH, FL. VP SEC.

#### ARTICLE VI REGISTERED AGENT

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

GRAHAM CAPOZIO 12189 US HWY ONE STE 29-30 NORTH PALM BEACH, FL, 33408

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AMY KOELZ 12189 US HWY ONE STE 29-30 NORTH PALM BEACH, FL. 33408

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

Signature/Registered Agent

Date

6-13-05

Signature/Incorporator

Date