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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

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## TRANSMITTAL LETTER

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

SUBJECT:	BLUE STREET TAKE OUT, INC.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
	(FROFOSED CORFOR	TIE NAME – <u>MOSI INCL</u>	UDE SUFFIX)		
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	l a check for:		
\$70.00 Filing Fee	<ul><li></li></ul>	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED		
FROM:	-	REGISTERED AGEN	<u>T</u>		
		W 15TH AVE. Address			
		, FL. 33147 <sub>7</sub> , State & Zip	···		
	• • •	286-4765 Telephone number			
	Daytime	Total transcor			

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

# DIVISION OF COLOR STATE

# **Articles of Incorporation**

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

### FIRST

The name of the corporation is: BLUE STREET TAKE OUT, INC.

### SECOND

The period of its duration is Indefinite.

### THIRD

The purpose of the corporation is: Restaurant Take out

### **FOURTH**

The aggregate number of authorized shares is 200 shares Par-Value \$5.00

### FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

### SIXTH

Cumulative Voting of shares of stock are authorized.

### **SEVENTH**

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

### **EIGHT**

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

### **NINTH**

The address of the initial Registered Office of the corporation is: 6900 NW 15<sup>TH</sup> Ave. Miami, Florida, 33147 and the name of it's initial Registered Agent at such address is: Vertil Rene

### TENTH

Address of the principal place of business is: 6900 NW 15<sup>TH</sup> Ave. Miami, Florida, 33147

### **ELEVENTH**

The number of directors constituting the initial board of directors of the corporation is ONE, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

**NAME** 

<u>ADDRESS</u>

\* Vertil Rene

627 NW 69<sup>TH</sup> Street Miami, Florida 33150

### **TWELFTH**

The name and address of each incorporator is:

NAME

**ADDRESS** 

\* Vertil Rene

627 NW 69<sup>TH</sup> Street Miami, Florida 33150

Date: January 27, 2006

Vertil Rene, Incorporator

Having been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and Agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, my position as Registered Agent.

Vertil Rene. Registered Agent