

POL000133246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

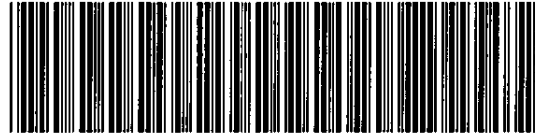
(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Do

## COVER LETTER

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

SUBJECT: HERBIE PLACE, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE 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

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: HERBIE PLACE, INC.

Name (Printed or typed)

13343 NW 7Th AVE

Address

NORTH MIAMI, FL 33168

City, State & Zip

786-295-3890

Daytime Telephone number

**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:

HERBIE PLACE, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

13343 NW 7TH AVE.  
NORTH MIAMI FL, 33168

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

## **ARTICLE IV SHARES**

The number of shares of stock is:

1000.00

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

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

ADELSON PLAISIR-Pres.  
14757 N. MIAMI AVE.  
MIAMI FL, 33168

## **ARTICLE VI REGISTERED AGENT**

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

ADELSON PLAISIR  
14757 N. MIAMI AVE  
MIAMI FL 33168

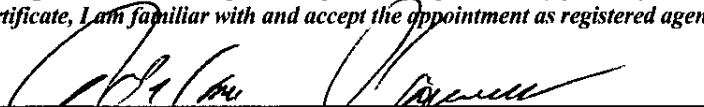
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ADELSON PLAISIR  
14757 N. MIAMI AVE  
MIAMI, FL 33168

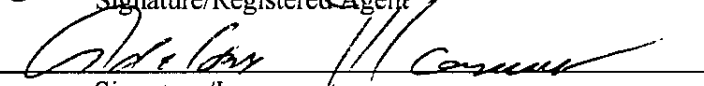
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

10/13/06

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/13/06

\_\_\_\_\_  
Date

FILED  
03 OCT 19 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA