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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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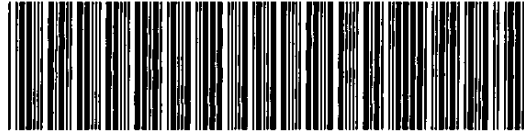
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** MONPLAISIR, 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:** IRMA JEAN BAPTISTE, REGISTERED AGENT  
Name (Printed or typed)

940 NW 141ST STREET  
Address

MIAMI, FL. 33168  
City, State & Zip

(786)269-9296  
Daytime Telephone number

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

## 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: MONPLAISIR, INC.

### SECOND

The period of its duration is Indefinite.

### THIRD

The purpose of the corporation is: Restaurant Dinning/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.

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TALLAHASSEE, FLORIDA

#### **NINTH**

The address of the initial Registered Office of the corporation is :  
940 NW 141<sup>ST</sup> Street Miami, Florida 33168-6825  
and the name of it's initial Registered Agent at such address is:  
Irma Jean Baptiste

#### **TENTH**

Address of the principal place of business is:  
14135 NW 7<sup>TH</sup> Avenue #7 North Miami, Florida

#### **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:

<u>NAME</u>	<u>ADDRESS</u>
* Irma Jean Baptiste D/Pres.	940 NW 141 <sup>ST</sup> Street Miami, Florida 33168-6825
* Jean Marie Jean-Batiste Vicep.	940 NW 141 <sup>ST</sup> Street Miami, Florida 33168-6825

#### **TWELFTH**

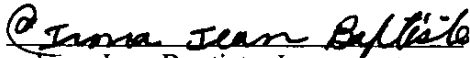
The name and address of each incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
* Irma Jean Baptiste D/Pres.	940 NW 141 <sup>ST</sup> Street Miami, Florida 33168-6825
* Jean Marie Jean-Batiste Vicep.	940 NW 141 <sup>ST</sup> Street Miami, Florida 33168-6825

#### **THIRTEEN**

\* Post date application effective January 1<sup>st</sup>, 2007

November 28, 2006

  
Irma Jean Baptiste, Incorporator

  
Jean Marie Jean-Batiste, 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.

  
Irma Jean Baptiste, Registered Agent