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PICK-UP WAIT MAIL				
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# **COVER LETTER**

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

SUBJECT:	Nouvelle Hospitality Solutions Inc.		
	·	ATE NAME – <u>MUST INCL</u>	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM;		vin G. Tuitt e (Printed or typed)	
	2232 Salerno Circle Address		
	Weston, Florida 33327 City, State & Zip		
	( 954) 306-0432  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:

Nouvelle Hospitality Solutions Inc.

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TALL AHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2232 Salerno Circle Weston, Florida 33327

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hospitality Consulting Service

# ARTICLE IV SHARES

The number of shares of stock is:

500

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

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

Kelvin G. Tuitt President 2232 Salerno Circle Weston, Florida 33327

#### ARTICLE VI REGISTERED AGENT

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

Kelvin G. Tuitt 2232 Salerno Circle Weston, Florida 33327

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kelvin G. Tuitt 2232 Salerno Circle Weston, Florida 33327

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

Signature/Incorporator

Date.

Pate