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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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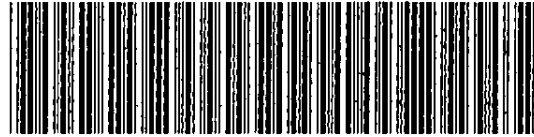
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/08--01008--006 **78.75.

FILED
08 JUL -7 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
7/7

270-29969

COVER LETTER

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

SUBJECT: IMPERMANENCE CORP. DBA CREPES ONE
(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: FABIO SALVIATI
Name (Printed or typed)

3401 North Lakeview Drive #414
Address

TAMPA, FL 33618
City, State & Zip

813-412 6079
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

00 JUL -7 AM 8:00

DIVISION OF CORPORATIONS

June 20, 2008

FABIO SALVIATI
3401 NORTH LAKEVIEW DRIVE
#414
TAMPA, FL 33618

SUBJECT: IMPERMANENCE CORP
Ref. Number: W08000029969

We have received your document for IMPERMANENCE CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the number of shares not the dollar amount.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 208A00037667

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:

IMPERMANENCE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3401 North Lakerion Drive # 414
TAMPA, FL 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOOD SERVICE.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FABIO SALVIATI (PRESIDENT)
3401 North Lakerion Drive # 414
TAMPA, FL 33618

ARTICLE VI REGISTERED AGENT

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

FABIO SALVIATI
3401 North Lakerion Drive # 414
TAMPA, FL 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FABIO SALVIATI
3401 North Lakerion Drive # 414
TAMPA, FL 33618

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

Fabio Salviati
Signature/Registered Agent

Fabio Salviati
Signature/Incorporator

FILED

08 JUL -7 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/15/08
Date

6/15/08
Date