(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Business Entity Name)			
: (Document Number)			
Certified Copies Certificates of Status			
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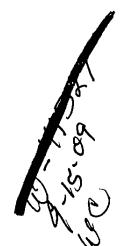
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SECRETARY OF STATE FALLAHASSEE, FLORIDA



COVER LETTER

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

SUBJECT:	SIVIA CREOLE CUISINE RESTAURANT			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		UISINE RESTAURAN	IT INC.	
	7103 IVY CROSSING LANE Address			
	BOYNTON BEACH, FL 33436 City, State & Zip			
	561 577-5843 Daytime Telephone number			
	morilus@att.net E-mail address: (to be used for future annual report notification)			

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:

SMA CREOLE CUISINE RESTAURANT INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 7103 IVY CROSSING LANE. BOYNTON BEACH, FL33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RESTAURANT

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):

MORILUS DAT.7103 IVY CROSSING LANE. BOYNTON BEACH, FL33436. PRESIDENT

ARTICLE VI REGISTERED AGENT

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

7103 IVY CROSSING LANE. BOYNTON BEACH, FL33436

ARTICLE VII INCORPORATOR

Morilus Dat

The name and address of the Incorporator is:

MORILUS DAT. 7103 IVY CROSSING LANE. BOYNTON BEACH, FL 33436

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Having been named as registered agent to accept service of process for the applicate designated in this certificate, I am familiar with and accept the applicate.	
agree to act in this capacity	
lloulus Deff	09-05-2009
Signature/Registered Agent / Ln Corpora for	Date
• • • • • • • • • • • • • • • • • • • •	
place designated in this certificate, I am familiar with and accept the apparent to act in this capacity Signature/Registered Agent Ln Corpora for	09-05-2009

Date