

#### Florida Department of State **Division of Corporations** Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090002204173)))



H090002204173ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019 : (305)552-5973 Phone

Fax Number : (305)220-1440

## FLORIDA PROFIT/NON PROFIT CORPORATION

THE PLACE RESTAURANT CORP.

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

# H 0 9 0 0 0 2 2 0 4 1 7

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

### ARTICLE | - NAME

THE NAME OF THE CORPORATION SHALL BE:
THE PLACE RESTAURANT COPP.



#### ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

52 99 N.E. 2 AUG. MIAMI FL 33137

### ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS
THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

DANIELA LE DESMA 52 99 N.E. 2 AUR. MI AMI FL 33 137

H09000220417

### H 0 9 0 0 0 2 2 0 4 1 7 ARTICLE V-INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

DANIELA LE DES MA 5299 N.E. 2 AU MI AMI FL 33137

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS
DAY OF OCTUBER 200 09

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

DANIELA LEMSHA

PresideNT)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HERBBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTTES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE

H09000220417