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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~1009-43492~~

Office Use Only

[Signature]
10/20



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2009 OCT 19 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

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

SUBJECT: Taste Of The Caribbean Restaurant
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jean Robert Toussaint
Name (Printed or typed)

4308 N State Road 7
Address

Lauderdale Lakes Fl 33319
City, State & Zip

754-204-1557
Daytime Telephone number

linda08562002@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2009

JEAN ROBERT TOUSSAINT
4308 N. STATE ROAD 7
LAUDERDALE LAKES, FL 33319

SUBJECT: TASTE OF THE CARIBBEAN RESTAURANT
Ref. Number: W09000043492

We have received your document for TASTE OF THE CARIBBEAN RESTAURANT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 return 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 109A00031713

RECEIVED

09 OCT 19 AM 11:18

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Taste Of The Caribbean Restaurant, Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4308 N State Road 7 Lauderdale Lakes Fl 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Take Out Restaurant

ARTICLE IV SHARES

The number of shares of stock is:

None |

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jean Robert Toussaint Owner

755 NW 84th Lane Coral Springs Fl 33071

ARTICLE VI REGISTERED AGENT

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

Luckens Toussaint

1511 NW 91th Ave #936 Coral Springs Fl 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jean Robert Toussaint

755 NW 84th Lane Coral Springs Fl 33071

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

Luckens Toussaint
Signature/Registered Agent

Jean R Toussaint
Signature/Incorporator

9/22/09
Date

9/22/09
Date

2009 OCT 19 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED