## P10000084023

(Requestor's Name)				
(Address)				
(Address)				
(1881.555)				
(2) 10 1 7 7				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

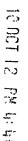




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SECRETARY OF STATE TALLAHASSEE, FLORIDA





## **COVER LETTER**

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

## SUBJECT: THIBAUT INTERNATIONAL INCORPORATED (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	rticles of incorporation and a check for:	
\$70.00 Filing Fee	\$78.75 —Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	
FROM:		ne (Printed or typed)	
1600 S. Federal Highway, Suite 470 Address  Pompano Beach, FL 33062 City. State & Zip			
<u> </u>	954-941-9005 Daytime	Telephone number	
	Peter@wallisane E-mail address: (to be us	dwallis.net ed 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 Thibaut Internation	nal Incorporated	
	corporation shall be:	nai incorporateu	
ARTICLE II	PRINCIPAL OFFICE		
211(11(11)	Principal street address	Mailing add	lress, if different is:
	4071 N. Dixie Hwy	c/o Wallis \$ Wall	
	Pompano Beach, FL 33064		Hwy, Suite 470
			h, FĹ 33062
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	,		
	Any and all lawful business.		
ARTICLE IV	SHARES		
The number of sh	ares of stock is: 100		
ARTICLE V	_INITIAL OFFICERS AND/OR DIRECT	TORS	
	Fitle: Jack Thibaut, President/Director		
Address:	c/o Wallis & Wallis, P.A.		
	1600 S. Federal Hwy, Suite 470	)	
	Pompano Beach, FL 33062		
Name and I	Fitle:	Name and Title:	
Address:			
			SEC O
Nous - 4 7	Pist	Managar I Thirt	<b>F</b> S 3
Address:	Title:		<b>5</b> -1
rudiess.			
		<del></del>	用。 二
A DOMEST EN LOS	DECICEDED ACOUN		
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	a) of the registered event is:	L: LL STATE LORIDA
Name:	Wallis & Wallis, P.A.	e) of the registered agent is.	
Address:	1600 S. Federal Hwy, Suite 47	70	
	Pompano Beach, FL 33062		
ADDICT E TITL	Throoppop 4 mon		
	INCORPORATOR Idress of the Incorporator is:		
Name;	Wallis & Wallis, P.A.		
Address:	1600 S. Federal Hwy, Suite 47	<u>n</u>	
	Pompano Beach, FL 33062	<del>-</del>	
Havina kaas-nan	ned as registered agent to accept service of pr	aguse for the above stated corners	ution at the place decimated in
his certificate. La	in familiar with and accept the appointment as	s registered avent and agree to act	in this canacity
			10.04.40
	50 halls	+ Walle OA	1006(0
	Required-Signature Registered Agent	4 MARCHS / F/1	Date
submit this doc	ument and affirm that the facts stated herein	are true. I am aware that the fa	dse information submitted in a
weumen to the L	Department of State constitutes a third degree f	eiony as provided for in s.817.155,	, F.S.
	3 6	1. 18 1 1 5 AA: DA	11)2610
	Required Signature/Incorporator	JACUS & WALLIS, PA	Date
	reduced digitation into the foliator	ı	Date