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(Re	equestor's Name)			
(Ad	ldress)	 		
(Ad	Idress)			
•	•			
(Cir	ty/State/Zip/Phone#	<u> </u>		
(CII	ty/Otate/2ip/Filone#	7		
☐ PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name)		
(Do	ocument Number)			
Certified Copies	_ Certificates or	f Status		
Special Instructions to	Filing Officer:			
Office Use Only				



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11/19/10--01012--016 **78.75

2010 NOV 19 PN 3: 50

T. Burch NOV 22, 200

COVER LETTER

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

.

SUBJECT:	JOB RESTAURANT INC.,						
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)				
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation a	nd 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 COPY REQUIRED				
		ADDITIONAL	OF I REQUIRED				
FROM: _	ELV	ITA FRANCOIS					
	Name	e (Printed or typed)					
_	1020	<u>0 NE 160 Terrac</u> ^{Address}	e				
_		h Miami Beach F State & Zip					
	786 Daytime 1	-262-6313 or 78	<u>86-294-7656</u>				
_	None E-mail address: (to be use	ed for future annual repor	t 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 The name of the corp	NAME			
·	JOB RESTAURANT II	۱C.,		
ARTICLE II	PRINCIPAL OFFICE		14.91 11	10 1100 . 1
	Principal street address			ress, if different is:
	12705 NW 42th Avenue		1020 NE 160	
	Miami Florida, 33054		North_Miami_	Beach Florida, 33162
ARTICLE III P	PURPOSE			
	ich the corporation is organized is:			
ANY AND ALL	. LAWFULL BUSINESS			_
				= ==
				- 1
ADTICLE III	SUADEC			
ARTICLE IV 8	s of stock is: 500 shares @ \$1.00 PAR			
The number of share	S OI Slock is,			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	S		\mathbb{R}^{2} \mathbb{Q}
Name and Titl	e:ELVITA FRANCOIS PRESIDENT	Name and	d Title:	
Address:	1020 NE 160th Terrace			20
	North Miami Beach Florida, 33162	-		
		•		
				•
	e: GERMAINE LEBRUN VICE-PRESIDENT			
Address: <u>1020 NE 160th Terrace</u>	1020 NE 160th Terrace	Address:		
	North Miami Beach Florida, 33162	-		
		•		
Name and Titl	e:	Name and	l Title:	
Address:				
Addiess.		Addicss.	-	
		•		
ARTICI.E VI R	REGISTERED AGENT			
	da street address (P.O. Box NOT acceptable) of	the registere	ed agent is:	
Name:	Germaine Lebrun		a agom io.	
Address:	1020 NF 160th Terrace			
	North Miami Beach Florida_33162			
				
	NCORPORATOR			
	ess of the Incorporator is:			
Name:	ELVITA FRANCOIS			
Address:	1020 NE 160th Terrace			
	North Miami Beach Florida, 33162			
Havina hoon named	as registered agent to accept service of process	for the abo	we stated comparat	ion at the place designated in
	familiar with and accept the appointment as regis			
mis cerujicuie, i um j	unuun van unu accept me appoiniment as regis	ici ca ageni	unu ugree to uci n	is thus cupacity
, Por	. / . / .			11/16/2010
D (H)M(U)	Required Signature/Registered Agent		_	
	Required Signature/Registered Agent			Date
I submit this docum	ent and affirm that the facts stated herein are t	rue. I am a	ware that the fals	se information submitted in a
	artment of State constitutes a third degree felony			
11/		4		
x 41 .11.	1 FHANCOIS			11/16/2010
CHUM	Required Signature/Incorporator		-	Date
	1			