

P11000068315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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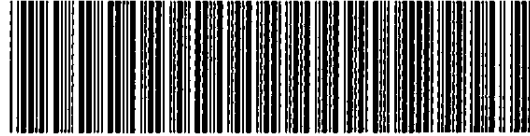
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 JUL 28 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

29 2011

## COVER LETTER

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

**SUBJECT:** Savory Bistro, Inc  
(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 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Mayra Rojas  
Name (Printed or typed)  
18305 Biscayne Blvd., #200  
Address  
Aventura, FL 33160  
City, State & Zip  
305-895-5699  
Daytime Telephone number  
MRojas@LegalSolutionsGrp.com  
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: Savory Bistro, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
18305 Biscayne Blvd., #200  
Aventura, FL 33160

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Philippe Pinon- P, T  
Address: 1712 NW 78th Way  
Pembroke Pines, FL 33024

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Ana M Ceballos-VP, S  
Address: 10992 Pine Lodge Trail  
Davie, FL 33328

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Legal Solutions Group, P.L.  
Address: 18305 Biscayne Blvd., #200  
Aventura, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Legal Solutions Group, P.L.  
Address: 18305 Biscayne Blvd., #200  
Aventura, FL 33160

*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*

Marty E Davis

Required Signature/Registered Agent

7/25/11  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Marty E Davis

Required Signature/Incorporator

7/25/11  
Date

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TALLAHASSEE, FLORIDA