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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

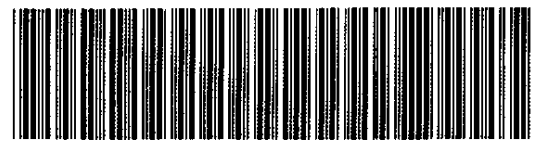
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WH-49589

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APPROVED  
AND  
FILED  
11 OCT 11 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: PORT-AU-PRINCE WAREHOUSE 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: RONY PREVOT

Name (Printed or typed)

785 NW 126 STREET

Address

MIAMI, FLORIDA 33168

City, State & Zip

305-200-6714

Daytime Telephone number

ronyprevot@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 26, 2011

RONY PREVOT  
785 NW 126 STREET  
MIAMI, FL 33168

SUBJECT: PORT-AU-PRINCE WAREHOUSE INC.  
Ref. Number: W11000049589

We have received your document for PORT-AU-PRINCE WAREHOUSE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of your corporation in Article I.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 711A00022143

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED  
AND  
FILED

**ARTICLE I NAME** PORT-AU-PRINCE WAREHOUSE INC.  
The name of the corporation shall be:

11 OCT 11 PM 4:44

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address if different is: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

785 NW 126 STREET  
MIAMI, FL 33168

P.O. BOX 331173  
MIAMI, FL 33238

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To buy and sale goods

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: <u>Rony Prevot President</u>	Name and Title: _____
Address: _____	Address: _____
<u>785 NW 126 STREET</u>	_____
<u>MIAMI, FLORIDA 33168</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: RONY PREVOT VP  
Address: 785 NW 126 STREET  
MIAMI, FLORIDA 33168

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RONY PREVOT  
Address: 785 NW 126 STREET  
MIAMI, FLORIDA 33168

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

10/04/2011  
\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

10/04/2011  
\_\_\_\_\_  
Date