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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LA SAMBUCA RESTAURANT & LOUNGE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME LA SAMBUCA RESTAURANT & LOUNGE, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6295 LAKE WORTH ROAD
LAKE WORTH, FL 33463
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: PRESIDENT LUZ M. LYONS
Address: 3097 SW LONGLEAF CT.
PORT ST. LUCIE, FL 34953
Name and Title: _____
Address: _____
Name and Title: VICE PRESIDENT JAMES J. LYONS
Address: 3097 SW LONGLEAF CT.
PORT ST. LUCIE, FL 34953
Name and Title: _____
Address: _____
Name and Title: _____
Address: _____

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ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: LUZ M. LYONS
Address: 3097 SW LONGLEAF CT.
PORT ST. LUCIE, FL 34953

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: LUZ M. LYONS
Address: 3097 SW LONGLEAF CT.
PORT ST. LUCIE, FL 34953

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
10-21-11
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.

Required Signature/Incorporator
10-21-11
Date

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