## P120000027190

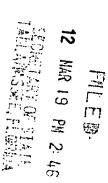
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Not A working Phone #

Office Use Only



000223083810

02/29/12--01011--006 \*\*78.75



1/4

## **COVER LETTER**

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

SUBJECT: The Parisian Motel, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED	
FROM: Tania Ouaknine Name (Printed or typed)		
519 NW 23rd AVENUE		
Ft. Lauderdale, FL 33311 City, State & Zip		
954-581-5307 Daytime T	Celephone number	
E-mail address: (to be use	d for future annual report notification)	

NOTE: Please provide the original and one copy of the articles.



March 1, 2012

TANIA OUAKNINE 519 NW 23RD AVENUE FT. LAUDERDALE, FL 33311

SUBJECT: THE PARISIAN MOTEL, INC.

Ref. Number: W12000012010

We have received your document for THE PARISIAN MOTEL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 412A00008303

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The Parisian Motel OF FORT LAwderdale, Inc. ARTICLE I The name of the corporation shall be: PRINCIPAL OFFICE Principal street address Mailing address, if different is: 519 NW 23rd AVENUE 4991 NW 72nd Terrace Ft Lauderdale, FL 33311 Lauderhill, FL 33319 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Provide motel accommodation ARTICLE IV SHARES 100 The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Tania Quaknine Name and Title: President Address: 4991 NW 72nd Terrace 4991 NW 72nd Terrace Address: · Lauderhill, FL 33319 Lauderhill FL 33319 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: Tania Ouaknine 4991 NW 72nd Terrace Address: Lauderhill FL 33319 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Tania Ouaknine Address: Lauderhill. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I a<u>m fam<del>iliar with an</del>d</u> accept th<u>e appointment as registered agent and agree to act in this capacity</u> Required Signature/Registered Agent 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. 8-96-90/2

Required Signature/Incorporator