

P12000036070

(Requestor's Name)

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(City/State/Zip/Phone #)

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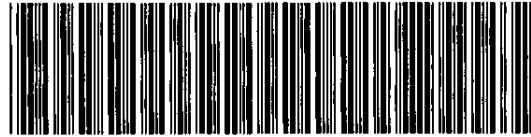
(Business Entity Name)

(Document Number)

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12 APR 16 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

APR 17 2012

## COVER LETTER

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

**SUBJECT:** Chef Romain Catering And International Cuisine, 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:** Romain Joseph  
Name (Printed or typed)

5661 Washington Street, Unit B-17  
Address

Hollywood, FL 33023  
City, State & Zip

(786) 322-0241  
Daytime Telephone number

danieljr@guixens.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: **Chef Romain Catering And International Cuisine, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**12205 NE 13th Court**  
**North Miami, FL 33161**

Mailing address, if different is:

**5661 Washington Street, Unit B-17**  
**Hollywood, FL 33023**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**To provide Catering Services**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

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

Name and Title: <b>Romain Joseph, President</b>	Name and Title: _____
Address: <b>5661 Washington Street, Unit B-17</b>	Address: _____
<b>Hollywood, FL 33023</b>	_____

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: **Romain Joseph**  
Address: **5661 Washington Street**  
**Hollywood, FL 33023**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Romain Joseph**  
Address: **5661 Washington Street**  
**Hollywood, FL 33023**

*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

**04/03/2012**  
\_\_\_\_\_  
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

**04/03/2012**  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FL 32307