

P13000090843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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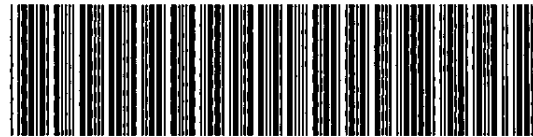
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
11/6/13

COVER LETTER

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

SUBJECT: Best French Tutor 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: Francois Destrebecq
Name (Printed or typed)
469 SW 3rd Street, Apt. 6-B
Address
Miami, Florida 33130
City, State & Zip
(305) 814-4520
Daytime Telephone number
info@bestfrenchtutor.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: Best French Tutor Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

469 SW 3rd Street Apt. 6-B

Same

Miami Florida 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To tutor french.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Francois Destrebecq PD

Name and Title: _____

Address: 469 SW 3rd Street
Miami FL 33130

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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(cont.)

Name and Title: _____	Name and Title: <u>FILED</u>
Address _____	Address: <u>13 NOV -5 PM 12: 52</u>
_____	<u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>

ARTICLE VI REGISTERED AGENT

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

Name: Francois Destrebecq
Address: 469 SW 3rd Street
Miami FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Francois Destrebecq
Address: 469 SW 3rd Street
Miami FL 33130

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

Francois Destrebecq 
Required Signature/Registered Agent

10/02/2013
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.

Francois Destrebecq 
Required Signature/Incorporator

10/02/2013
Date