D13-000099195

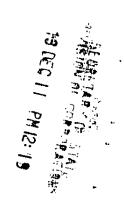
(Re	equestor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

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

SUBJECT: MAI	'S BISTRO INC	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

DM:	TERESA HOANG
	Name (Printed or typed)
	459 N. HARBOR CITY BLVD.
	Address
	MELBOURNE, FL 32935
	City, State & Zip
	321-255-6471
	Daytime Telephone number
	maihoa8899@yahoo.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

Name and	Title: N	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable) of th	e registered agent is:
Name:	Teresa Hoang	
Address:	459 N. Harbor City Blvd.	
	Melbourne, FL 32935	
ARTICLE VII	INCORPORATOR	
The <u>name and add</u>	Iress of the Incorporator is:	
Name:	Teresa Hoang	
Address:	459 N. Harbor City Blvd.	
	Melbourne, FL 32935	
	m familiar with and accept the appointment as registe	r the above stated corporation at the place designated in ered agent and agree to act in this capacity 12 05 13
	Required/signature/Registered Agent	l Date l
	ment and affirm that the facts stated herein are tru epartment of State constitutes a thirt degree felony a	se. I am aware that the false information submitted in a sprovided for in s.817.155, F.S.
****	Yul	12/05/13
	Required Signature/Incorporator	Date