

P14000073443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

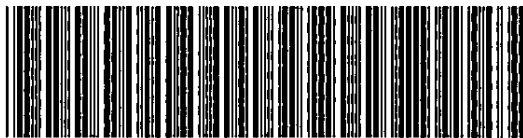
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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9/3/14

COVER LETTER

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

SUBJECT: chti croissant 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: Philippe Cahagne

Name (Printed or typed)

42 Marshview Dr

Address

St Augustine, FL, 32080

City, State & Zip

407-920-5953

Daytime Telephone number

chefpastry1@gmail.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: chti croissant inc

ARTICLE II PRINCIPAL OFFICE
Principal street address
125 A1A Beach Blvd
St Augustine, FL, 32080

Mailing address, if different is:
42 Marshview Dr
St. Augustine, FL, 32080

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Bakery

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Philippe Cahagne
Address: 42 Marshview Dr
St Augustine, FL,
32080

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

9/3/14

