## P1600066/01

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
		:		



AUG 1 1 2016

T. SCOTT



300287430423

07/08/16--01006--008 \*\*78.75

TO AUG -4 AM ID: 37





July 19, 2016

PATRICIA SILVA 4410 BAR HARBOR DR ORLANDO, FL 32821

SUBJECT: MEET ME IN PARIS Ref. Number: W16000049895

We have received your document for MEET ME IN PARIS 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 816A00015058

www.sunbiz.org

\_ \_ \_ \_ \_ \_ .

## **COVER LETTER**

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

			nc.
(PROPOSED CO	RPORATE	E NAMÉ – <u>MUST INCL</u>	UDE SUFFIX)
inal and one (1) copy of	the articl	es of incorporation an	d a check for:
(\$78.75) Filing Fee & Certificate of Statu	IS	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	Ĺ	ADDITIONAL CO	DPY REQUIRED
	Name (F Our 1 Add	Printed or typed)  Av bor D  dress	<u> </u>
Orlando	City St	lorida 3	32821
407-40 Day	6- Sytime Tele	9960 ephone number	
	inal and one (1) copy of  \$78.75 Filing Fee & Certificate of Statu  Patricia  4410 Bo  Orlando  407-40  Day	(PROPOSED CORPORATION CONTINUATION CONTINUAT	(PROPOSED CORPORATE NAME – MUST INCL.)  final and one (1) copy of the articles of incorporation an  \$78.75  Filing Fee & Certificate of Status  \$78.75  Filing Fee & Certified Copy  ADDITIONAL CO  Name (Printed or typed)

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:	neet me	n Paris	INC.	
ARTICLE II PRINCIPAL OFFICE Principal street add	,		ng address, if different is:	:
7600 Dr. Phillips Orlando FL 3281	Blud	4410 Orland	Bar Harbo 10 Florida	3282
ARTICLE III PURPOSE  The purpose for which the corporation is organized to the purpose for which the corporation is organized to the purpose of the purpose	ganized is: <u>\MUY</u>	- Care		<u>.</u>
	<u>.                                      </u>		·	· ·
ARTICLE IV SHARES The number of shares of stock is: 1  ARTICLE V INITIAL OFFICERS AND	OR DIRECTORS			
Name and Title: 16tricia  Address 7600 Ni	1111111	Address:		
			AH	
Name and Title:Address			7	\$ 200 m
Name and Title:		Name and Title:		

Name and Title:	Name and Title:
Address	Address:
<u>ARTICLE VI REGISTERED AGENT</u> The <u>name and Florida street address</u> (P.O. Box <b>NOT</b> acco	entable) of the registered agent is:
Dation	(A)
Name: $\frac{fairica}{a}$	DU
Address: 1600 Or Phi III	os Diva
Orbindo Florida	32819
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Patricia Silva	
71.00 0.00	as Blud
Address: 7600 Dr. Phillip	os Diva
Orlando Florida	32817
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:	
days after the filing.)	
Note: If the date inserted in this block does not meet the ar	oplicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's	
Having been named as registered agent to accept service o his certif <del>jeut</del> e, I am familiar with and accept the appointm	f process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
A	
Required Signature/Registered A	7/5/20/6
	gent / Date
submit this document and affirm that the facts stated he locument to the Department of State constitutes a third deg	rein are true. I am aware that the false information submitted in a tree felony as provided for in s.817.155. F.S.
150,100	, , ,
Required Signature/Incorporator	7/5/2016 Date
redames a Summer of the most	/