

P16000083367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

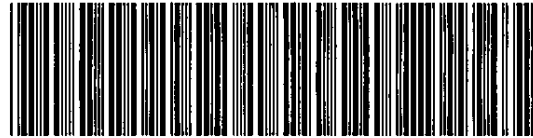
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
DIVISION OF CLERK  
2016 OCT 14 PM 2:15

W16-065424

10/17/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2016

ALAIN BACHE  
9604 EL CLAIR RANCH RD.  
BOYNTON BCH., FL 33437

SUBJECT: MY PRIVATE PERSONAL CHEF, LLC  
Ref. Number: W16000065424

RECEIVED  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

16 OCT 14 PM 12:42

RECEIVED

We have received your document for MY PRIVATE PERSONAL CHEF, LLC 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 616A00020369

## COVER LETTER

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

SUBJECT: MY PRIVATE PERSONAL CHEF, LLC  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: ALAIN BACHE  
Name (Printed or typed)

96 04 EL CLAIL LANCH RD.  
Address

BOYNTON BEACH, FL 33437  
City, State & Zip

561- 735 9551  
Daytime Telephone number

RETACHE @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: MY PRIVATE PERSONAL CHEF, ~~MY~~ CO.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9604 EL CLAIR RANCH RD.

BOYNTON BEACH, FL 33437

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COOKING FOOD IN PEOPLE'S HOME

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALAIN BACHE - PRESIDENT

Name and Title: \_\_\_\_\_

Address 9604 EL CLAIR RANCH RD.

Address: \_\_\_\_\_

BOYNTON BEACH, FL 33437

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
DEPARTMENT OF REVENUE  
TAMPA, FL 33604  
2016 OCT 14 PM 2:15

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: ALAIN BACHE

Address: 9604 EL CLARK RANCH RD.

BOYNTON BEACH, FL 33437

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ALAIN BACHE

Address: 9604 EL CLARK RANCH RD.

BOYNTON BEACH, FL 33437

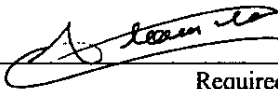
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-01-2016 (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10-9-2016  
  
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

10-9-2016  
  
Date

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2016 OCT 14 PM 2:15