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COVER LETTER

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

SUBJECT: Rodrigue Restaurant 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

Filing Fee & Certificate of Status

\$78.75

\$78.75Filing Fee& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status
Y REOURED

ADDITIONAL COPY REQUIRED

FROM: Julia Greenberg - Aguilar

Name (Printed or typed)

1 Radisson Plaza, Ste.800 Address

New Rochelle, NY 10801

City, State & Zip

877-330-2677

Daytime Telephone number

jrlucc5@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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE I NAME</u>

The name of the corporation shall be: Rodrigue Restaurant Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

ATTINUVED

629 NE 125th Street

North Miami, FL 33161

ARTICLE III _PURPOSE

The purpose for which the corporation is organized is: Bakery and catering business

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9: 3C

ARTICLE IV SHARES

5000 The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	JEAN RODRIGUE LUCCE	Name and Title	JEAN RODRIGUE LUCCE
	President		Vicepresident
Address	770 NE 128 Street Apt.302	Address:	770 NE 128 Street Apt.302
	North Miami, FL 33161		North Miami, FL 33161
Name and Title:	JEAN RODRIGUE LUCCE	Name and Title	JEAN RODRIGUE LUCCE
	Secretary		Treasurer
Address	770 NE 128 Street Apt.302	Address:	770 NE 128 Street Apt.302
	North Miami, FL 33161		North Miami, FL 33161
Name and Title:		Name and Title	
Address		Address:	

Name :	nd Title:	Name and Title:
Addre	\$5	Address:
	_	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptabl	e) of the registered agent is:
	<u>REGISTEREDAGENT</u> Florida street address (P.O. Box NOT acceptabl Incorp Services, Inc	e) of the registered agent is:
he <u>name and</u>	Florida street address (P.O. Box NOT acceptabl	

The name and address of the Incorporator is:

Name:	Elena Malevska		
Address:	1 Radisson Plaza, Ste.800		
	New Rochelle, NY 10801		

ARTICLE VIII EFFECTIVE DATE:

Required Signature/Incorporator

Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 hamed as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I um familiar with and adcept the appointment as registered agent and agree to act in this capacity

1/13/2017 Required Signature Registered Agent 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.

1/13/2017 Date

Date