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18 MAY 25 AM 11:38  
SOUTH DAKOTA  
FALL RIVER

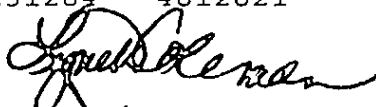
2018 MAY 25 PM 1:51  
FALL RIVER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 231284 4812821

AUTHORIZATION :



COST LIMIT : \$ 87.50

18 MAY 25 AM 11:39  
SUBMITTED  
ALL INFORMATION

ORDER DATE : May 25, 2018

ORDER TIME : 11:27 AM

ORDER NO. : 231284-005

CUSTOMER NO: 4812821

DOMESTIC FILING

NAME: LUNE ROUGE HOSPITALITY MIAMI  
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

FILED  
18 MAY 25 AM 11:59  
TALLAHASSEE, FL  
STATE OF FLORIDA

**SUBJECT:** Lune Rouge Hospitality Miami 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      ☐ \$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: Andrei Molchynsky \_\_\_\_\_  
Name (Printed or typed)

2200 rue Stanley, 3e étage \_\_\_\_\_  
Address

Montréal QC, H3A 1R6 \_\_\_\_\_  
City, State & Zip

514-556-2135 \_\_\_\_\_  
Daytime Telephone number

amolchynsky@lunerouge.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: Lune Rouge Hospitality Miami Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

288 NE 61st Street

Miami, FL 33137

Mailing address, if different is:

2200 rue Stanley, 3e étage

Montréal QC, Canada H3A 1R6

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

The Corporation is organized to transact any or all lawful business for which corporations may be incorporated

under the FBCA as it now exists or may hereafter be amended or supplemented.

### ARTICLE IV SHARES

The number of shares of stock is: 5,000 common shares authorized, par value \$0.01

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Calum Pearson, Director

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

Address 4495 Palisades Canyon Circle

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

Las Vegas, NV 89129

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, Florida 32301, Leon County

18 MAY 25 AM 11:59  
SALVADOR  
FALL 2018

**ARTICLE VII INCORPORATOR**

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

Name: James Lacey

Address: 1301 Avenue of the Americas

New York, NY 10019

**ARTICLE VIII EFFECTIVE DATE:**

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 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*

Roxanne Turner  
Required Signature/Registered Agent

Roxanne Turner  
Asst. Vice President

5/25/18  
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.*

[Signature]  
Required Signature/Incorporator

5/25/18  
Date