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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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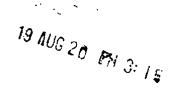
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Department of State / Division of Corporations / Start a Business / Start E-filing / Florida Profit Filing /

Florida Profit Filing								
Filing Information								
If an effective date is required for this filing, enter here 08 / 14 / 2019 (MM/DD/YYYY) What is an effective date?								
Required Filing Fees: \$70.00								
Certificate of Status \$8.75 (Optional) What is a certificate of status? Certified Copy \$8.75 (Optional) What is a certified copy?								
(Name must include suffix such as "Corp", "Inc ", "Incorporated", etc.)								
Corporate Stock Shares What are corporate stock shares?								
(Cannot be zero)								
Principal Place of Business (The principal address must be a street address)								
Address 1627 COLLINS AVENUE								
Suite, Apt. #, etc. City, State Ti ATI BEACH R								
Zip Code & Country 33139 US								
Mailing Address								
If your corporate mailing address is the same as the principal address above, please check the box below. Otherwise, enter your corporate mailing address.								
☐ Mailing address same as principal address								
Address 100 LINCOLN ROAD								
Suite, Apt. #, etc. Apt +21								
City, State MANI BEACH FL Zip Code & Country 33139 US								
Name And Address of Registered Agent What is a registered agent?								
Name JOSEPH , KATHI A , KJ , Last Name First Name Initial Title (Sr., Jr., etc.)								
- OR -								
Business to serve as RA (Must be different from entity name being filed)								
Address (PO Box not acceptable) Suite, Apt. #, etc.								

Correspondence Name And E-mail Address Why do you need my e-mail address?

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Namo

KATHIA JOSEPH

E-mail Address

kathianordiste@hotmail.com

Re-enter E-mail Address kathianordiste@hotmail.com

Officer/Director Name And Address

List the name and address of each officer/director now, A non-profit corporation must have 3 directors at all times. This information is required to open most bank accounts and to obtain workers' complexemption. Once this document is filled, any changes will require an amendment and an additional \$35.00 filing fee.

Title

(P, VP, etc...)

Name

JOSEPH

KATHIA

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

https://efile.sunbiz.org/scripts/coretype.exe

DENNIS AUG 26 2019 Submitted by

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	HOT 721				
City, State	THAT BEACH FL				
Zip Code & Country	[33139] US				
<u> </u>	<u> </u>				
individual name. If the RA is	t type their name in the 'Registered Agent Signature' block below. RA signature MUST be an s a business entity, an individual must sign on the entity's behalf. Do not enter the name of ting to file as Registered Agent. A business entity cannot serve as its own RA				
Registered Agent Sign	, , ,				
This signature must be to knowledge and permission	hat of the individual "signing" this document electronically or be made with the full on of the individual, otherwise it constitutes forgery under s. 831 06, F.S.				
Notice of Annual R	eport				
1st of every year to main 1st and May 1st of the co The fee to file a Corpora	e an Annual Report with the Division of Corporations between January 1st and May stain "active" status. The corporation's first annual report will be due between January alendar year following the year the corporation is formed and must be filed online. It is stated that the state of the sent to the e-mail address you provide in these articles are fee.				
Incorporator Name	And Address				
Name					
Address					
Suite, Apt.#, etc.					
City, State & Zip Code					
Electronic Signature of	fincorporator				
I am aware that false infe degree felony as provide Report" statement and u	pmitting these Articles of Incorporation and affirm that the facts stated herein are true, commation submitted in a document to the Department of State constitutes a third ad for in s. 817, 155, F.S. I acknowledge that I have read the above "Notice of Annual Inderstand the requirement to file an annual report between January 1st and May 1st owing formation of this corporation and every year thereafter to maintain "active"				
Corporate Purpose					
Corporate Furpose					
Corporate purpose	is 'Any and all lawful business'.				
(Do not check this box	if a "Professional Association". You must list specific purpose below.)				
(Maximum of 240 chara	acters.)				
Restaurant	, sale food,				
snack, Ligh	t plates,				
cheese Dla	Hers'.				
240 characters re	maining				
240 Characters for	manning				
Correspondence N	ame And E-mail Address Why do you need my e-mail address?				
Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.					
Name	KATHIA JOSEPH				
E-mail Address	KATHIA NORDISTEG HOTTAIL. COM				
Re-enter E-mail Addres	55 KATHIANORDISTE (Q) HOTHAIL. COM				
	- <u> </u>				

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Officer/Director Name And Address

List the name and address of each officer/director now. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment and an additional \$35.00 filing fee.

٠.

Title

Title P (P, VP, etc)									
Name	JOSEPH Last Name	First Name	, VJ Initial	Title (Sr., Jr., etc.)					
- OR -									
Business Name to serve as Officer									
Street A	ddress	100 Lin	(dh	Road tol					
City, Sta	nte	Miami Be		F <u>C</u>					
Zip Code & Country 33739 (U.S									
Title	(P, VP, etc)								
Name		,	. [,					
- OR -	Last Name	First Name	Initial	Title (Sr., Jr., etc.)					
Busines	s Name to serve as Offic	er							
Street A	ddress								
City, Sta	ate								
Zip Cod	e & Country								
Title	(P, VP, etc)								
Name		, [
- OR -	Last Name	First Name	Initial	Title (Sr., Jr., etc.)					
									
Busines	ss Name to serve as Offic	er							
Street A	ddress	<u> </u>							
City, Sta	ate								
Zip Code & Country									
Title	(P, VP, etc)								
Name		,	.	,					
. OR -	Last Name	First Name	Initial	Title (Sr., Jr., etc.)					
Business Name to serve as Officer									
Street Address									
City, Sta	ate	<u></u>		, ,					
Zip Code & Country									

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	(P, VP, etc)						
Name		EiNI	Initial	Title (Sr., Jr.,	ata 1	19 AUG 20	
- OR -	Last Name	First Name	initiai	Title (St., St.,	etc.)	"" ^{UE} 20	
Busines	s Name to serve as Office	er					
Street A	ddress			···········			
City, Sta	ate			. 1			
Zip Cod	e & Country						
Title	(P, VP, etc)						
Name			,	, [
	Last Name	First Name	Initial	Title (Sr., Jr.,	etc.)		
- OR -							
Business Name to serve as Officer							
Street A	address						
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Zip Cod	le & Country						
		·					
Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.							
	Continue	<u>.</u>]			Reset		

Miani BEACH, August 14th, 2019.

KATHIA JOSEPH

AS

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