

P19000066514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

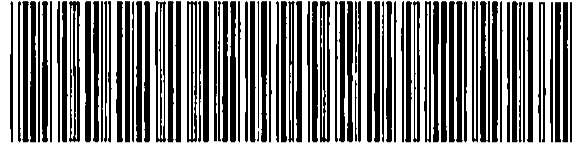
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

J DENNIS

AUG 26 2019



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19 AUG 20 PM 3:15



DIVISION of  
**CORPORATIONS**  
*an official State of Florida service*

19 AUG 20 PM 3:15

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?

Corporate Name BLUE PARIS INC  
(Name must include suffix such as "Corp", "Inc", "Incorporated", etc.)

Corporate Stock Shares 100 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 MIAMI BEACH FL  
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 721  
City, State MIAMI BEACH FL  
Zip Code & Country 33139 US

### Name And Address of Registered Agent What is a registered agent?

Name JOSEPH KATHA 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 100 LINCOLN ROAD (PO Box not acceptable)  
Suite, Apt. #, etc. \_\_\_\_\_

City, State

FL

Zip Code &amp; Country

US

The Registered Agent must type their name in the "Registered Agent Signature" block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. Do not enter the name of the entity you are attempting to file as Registered Agent. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s. 831.06, F.S.

**Notice of Annual Report**

This corporation must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The corporation's first annual report will be due between January 1st and May 1st of the calendar year following the year the corporation is formed and must be filed online. The fee to file a Corporation Annual Report is \$61.25. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles.

**Incorporator Name And Address**

Name KATHIA JOSEPH

Address 100 LINCOLN ROAD

Suite, Apt.#, etc. APT 721

City, State &amp; Zip Code Miami beach 33139

Electronic Signature of Incorporator Kathia Joseph

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

**Corporate Purpose**

(Maximum of 240 characters.)

240 characters remaining

**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.

Name 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' comp exemption. Once this document is filed, 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

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J DENNIS  
AUG 26 2019  
Submitted by  
8/26/19

City, State

APT 721  
MIAMI BEACH FL

Zip Code & Country

33139 US

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. Do not enter the name of the entity you are attempting to file as Registered Agent. A business entity cannot serve as its own RA.

Registered Agent Signature

*[Signature]*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s. 831.06, F.S.

### Notice of Annual Report

This corporation must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The corporation's first annual report will be due between January 1st and May 1st of the calendar year following the year the corporation is formed and must be filed online. The fee to file a Corporation Annual Report is \$150. A \$400 late fee is applied if the report is filed after May 1st. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles. File early to avoid the late fee.

### Incorporator Name And Address

Name

Address

Suite, Apt.#, etc.

City, State & Zip Code

Electronic Signature of Incorporator

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

### Corporate Purpose

☐ 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 characters.)

Restaurant, sale Food,  
snack, Light plates,  
cheese platters.

240 characters remaining

### 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.

Name

KATHIA JOSEPH

E-mail Address

KATHIANORDISTE@HOTMAIL.COM

Re-enter E-mail Address

KATHIANORDISTE@HOTMAIL.COM

### Officer/Director Name And Address

19 AUG 20 04

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.

Title P (P, VP, etc...)

Name JOSEPH KATHIA W MRS  
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer \_\_\_\_\_

Street Address 100 Lincoln Road #21  
City, State Miami Beach FL  
Zip Code & Country 33139 US

Title \_\_\_\_\_ (P, VP, etc...)

Name \_\_\_\_\_  
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer \_\_\_\_\_

Street Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code & Country \_\_\_\_\_

Title \_\_\_\_\_ (P, VP, etc...)

Name \_\_\_\_\_  
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer \_\_\_\_\_

Street Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code & Country \_\_\_\_\_

Title \_\_\_\_\_ (P, VP, etc...)

Name \_\_\_\_\_  
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer \_\_\_\_\_

Street Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code & Country \_\_\_\_\_

Title \_\_\_\_\_

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(P, VP, etc...)  
Name  
Last Name First Name Initial Title (Sr., Jr., etc.)  
- OR -

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Business Name to serve as Officer  
Street Address  
City, State  
Zip Code & Country

(P, VP, etc...)  
Name  
Last Name First Name Initial Title (Sr., Jr., etc.)  
- OR -

Business Name to serve as Officer  
Street Address  
City, State  
Zip Code & 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

Reset

MIAMI BEACH,

August 14<sup>th</sup>, 2019.

KATHIA JOSEPH

KJS

