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COVER LETTER

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

SUBJECT: BERNARDE TAKE OUT, CO.

(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
☐ \$78.75 Filing Fee
& Certificate of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: KESNER LOUIS JEAN

Name (Printed or typed)

2175 NE 169TH ST. APT 106

Address

N. MIAMI BEACH FL 33162

City, State & Zip

(786) 519 7006

Daytime Telephone number

kessner7006@icloud.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: BERNARDE TAKE OUT, CO.

19 AUG 30 1985

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

26 NE 54th STREET

MIAMI FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOOD SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KESNER LOUIS JEAN/PRESIDENT

Address: 2175 NE 169th STREET Apt. 105
N. MIAMI BEACH FL 33162

Name and Title: PRESIDENT

Address: VICEP

Name and Title: BANAVE LOUIS/ VICE PRESIDENT

Address: 5629 NE 2nd AVENUE
MIAMI FL 33137

Name and Title: VICE PRESIDENT

Address:

Name and Title: BERNARDE BAZILE/MANAGER

Address: 5629 NE 2nd AVENUE
MIAMI FL 33137

Name and Title: MANAGER

Address:

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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: KESNER LOUIS JEAN
Address: 2175 NE 169th STREET APT 105
N. MIAMI BEACH FL 33162

ARTICLE VII INCORPORATOR

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

Name: KESNER LOUIS JEAN
Address: 2175 NE 169th STREET APT. 105
N. MIAMI BEACH FL 33162

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ 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

Required Signature/Registered Agent

8-26-19
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

8-26-19
Date