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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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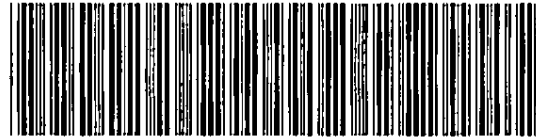
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Naomie's Haitian and American Restauranting,
(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: Tanelus Guenda
Name (Printed or typed)

8421 South Orange Blossom Trail Suite 230
Address

Orlando FL 32809
City, State & Zip

954-471-5787
Daytime Telephone number

naomie12@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles of incorporation and a check for:

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 19 PM 2:25

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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: Naomie's Haitian and American Restaurant Inc.,

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8421 South

Orange Blossom Trail Suite 230
Orlando FL 32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for restaurant

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tanelus Gueda P

Address: 4636 Casan Cove Dr,

Apt 509 Orlando FL

32811

6.7

Name and Title: Tanelus Gueda P

Address: 4636 Casan Cove

Dr Apt 509

Orlando FL 32811

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Tanelus Guerda

Address: 4636 Cason Cove Dr, Apt 509
Orlando FL 32811

ARTICLE VII INCORPORATOR

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

Name: Tanelus Guerda

Address: 4636 Cason Cove Dr, Apt 509
Orlando FL 32811

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TALLAHASSEE, FL

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

Tanelus Guerda
Required Signature/Registered Agent

02-11-2020
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.

Tanelus Guerda
Required Signature/Incorporator

02-11-2020
Date