

PZZ0000294SS

(Requestor's Name)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000372925390

STATE
OF
FLORIDA
JAN 19 2022

2022 JAN 19 AM 8:23

FILED

COVER LETTER

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

SUBJECT: Le Perle express 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: Schneigi Gaspard
Name (Printed or typed)

6145 NW 7th Ave apt #809
Address

Miami FL 33127
City, State & Zip

786-720-5250
Daytime Telephone number

Schneigigaspard@gmail.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:

Le Perle express inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6145 NW 7th Ave apt 809
Miami FL 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Gaspard Simeu

Name and Title:

owner

Address

6145 NW 7th Ave apt
809 Miami FL 33127

Address:

Name and Title:

Mr. Michel Lambert

Name and Title:

V. President

Address

6145 NW 7th Ave
apt 809 Miami FL
33127

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF DISTRICT COURT
MIAMI, 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:

Schneuze Gospard

Address:

6145 NW 7th Ave apt 809
Miami FL 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Schneuze Gospard

Address:

6145 NW 7th Ave apt 809
Miami FL 33127

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STATE OF FLORIDA
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 fulfilling and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

01/19/2022

I submit this statement 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

Date

01/19/2022