

P22000029455

(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



000372925390

STATE
AREA
FILE

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 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: Schmeigi Gaspard
Name (Printed or typed)

6145 NW 7th Ave apt #809
Address

Miami FL 33127
City, State & Zip

786-720 5250
Daytime Telephone number

Schmeigigaspard@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: De 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 Smig Name and Title: owner

Address: 6145 NW 7th ave apt Address: _____

809 Miami FL 33127

Name and Title: Mr Michel Lambert Name and Title: V. President

Address: 6145 NW 7th Ave Address: _____

apt 809 Miami FL
33127

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2022 JAN 19 AM 8:23
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: Schmeige Gaspard
Address: 6145 NW 7th Ave apt 809
Miami FL 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Schmeige Gaspard
Address: 6145 NW 7th Ave apt 809
Miami FL 33127

FILED
2022 JAN 19 AM 8:23
STATE OF FLORIDA
DEPARTMENT OF STATE

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

[Signature]
Required Signature/Registered Agent

01/19/2022
Date

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.

[Signature]
Required Signature/Incorporator

01/19/2022
Date