

P22600061567

(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



300391506903

07/26/22--01032--014 **70.00

S. CHATHAM
AUG -5 2022

RECEIVED
2022 JUL 26 PM 3:07
S. CHATHAM

22 JUL 26 AM 4:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2022

CAPITAL CONNECTION, INC.

SUBJECT: LA VIE RESTAURANT INC.
Ref. Number: W22000099856

TALLAHASSEE, FLORIDA

2022 AUG -4 PM 2:25

RECEIVED

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 522A00017146

22 JUL 25 PM 4:55

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LA VIE RESTAURANT 2 INC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

22 JUL 26 AM 11:55

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: La Vie Restaurant 2 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: Ala Alhamed
Name (Printed or typed)

281 Pompano PKWY
Address

Pompano Beach, FL 33069
City, State & Zip

Daytime Telephone number

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

22 JUL 25 11:45:55

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: La Vie Restaurant 2 Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1540 Palm Beach Lakes Blvd
West Palm Beach, FL 33401

281 S Pompano Pkwy
Pompano Beach, FL 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Ala Alhamed President</u>	Name and Title:	_____
Address	<u>281 S Pompano Pkwy</u>	Address:	_____
	<u>Pompano Beach, FL 33069</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

22 JUL 25 AM 4:55

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: Teresa L. De La Rosa, CPA, P.A
Address: 814 Ponce De Leon Blvd, Ste 204
Coral Gables, FL 33134

22 JUL 29 AM 4:59

ARTICLE VII INCORPORATOR

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

Name: Ala Ahamed
Address: 281 S Pompano Pkwy
Pompano Beach, FL 33069

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/26/2022 (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

Teresa De La Rosa 7/26/22
Required Signature/Registered Agent 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.

Ala Ahamed 7/26/22
Required Signature/Incorporator Date