

P22000063258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

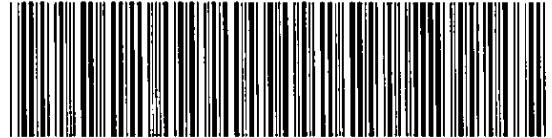
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800391682008

S. CHATHAM
AUG 15 2022

RECEIVED
22 AUG 12 AM 4:06 PM 3:06
JALAMON SEC. FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 8/12/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1061610

ORDER ENTITY

AMUSE BOUCHE PRODUCTIONS INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

AMUSE BOUCHE PRODUCTIONS INC. (FL)

Please file the attached articles and provide a certified copy and certificate of status.

NOTES:

\$87.50 Authorized

22 AUG 12 AM 4:05

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: Amuse Bouche Productions 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: Stephania Fahmi

Name (Printed or typed)

155 University Avenue, Suite 300

Address

Toronto, ON M5H 3B7

City, State & Zip

514 396 9232

Daytime Telephone number

sfahmi@altrolaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

22 AUG 12 AM 4:05

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: Amuse Bouche Productions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7901 4th St N STE 300

St. Petersburg, FL 33702, USA

Mailing address, if different is:

65 Sherbrooke East, #110

Montreal, Quebec, H2X 1C4, Canada

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandy Safi, Director

Address: 2850 Cote Vertu, # 705

Montreal, Quebec, H4R 3A8, Canada

Name and Title: Sandy Safi, President

Address: 2850 Cote Vertu, # 705

Montreal, Quebec, H4R 3A8, Canada

Name and Title: Sandy Safi, Secretary

Address: 2850 Cote Vertu, # 705

Montreal, Quebec, H4R 3A8, Canada

Name and Title: Sandy Safi, Treasurer

Address: 2850 Cote Vertu, # 705

Montreal, Quebec, H4R 3A8, Canada

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

22 AUG 12 04:04

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: Northwest Registered Agent LLC
Address: 7901 4th St N STE 300
St. Petersburg, FL 33702, USA

ARTICLE VII INCORPORATOR

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

Name: Sandy Safi
Address: 2850 Cote Vertu, # 705
Montreal, Quebec, H4R 3A8, Canada

22 AUG 12 AM 4:06

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

/s/ Tom Glover August 12, 2022
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.

/s/ Sandy Safi August 12, 2022
Required Signature/Incorporator Date