

P24000055221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

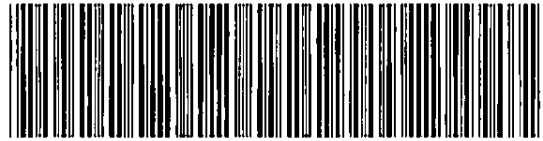
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200434340082

08/20/24--01038--003 **78.75

2024 AUG 20 AM 7:48
Office Use Only

C

COVER LETTER

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

SUBJECT: ETIENNE FAMILY Haitian Cuisine, 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: MAXE Wisly Etienne
Name (Printed or typed)

5331 SW 140 TERRACE
Address

MIRAMAR FLORIDA 33027
City, State & Zip

954-743-9438
Daytime Telephone number

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

RECEIVED
DIVISION OF CORPORATIONS
2024 AUG 20 AM 7:48

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

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: MAXE Etienne

Address: 5331 SW 140 Terrace
MIRAMAR FL 33027

ARTICLE VII INCORPORATOR

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

Name: MAXE Etienne

Address: 5331 SW 140 TERRACE
MIRAMAR FL 33027

2024 AUG 20 AM 7:48
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 familiar with and accept the appointment as registered agent and agree to act in this capacity

Maxe W. Etienne
Required Signature/Registered Agent

08/15/2024
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.

Maxe W. Etienne
Required Signature/Incorporator

08/15/2024
Date