

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

SUBJECT: _	Potits Coeurs, Inc.	
	(proposed corporate name)	
Enclosed is an for \$_122.50	original and one (1) copy of the articles of income.	rporation and our check
FROM:	Linda Medici	
	Name (printed c. typed) 1717 N. Bayshore Drive, #2455 Address Miami, FL 33132	
	City, State, & Zip (305) 375-9113	

3/3/9/

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

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Petits Coeurs, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE | NAME

The name of the corporation shall be:

Petits Coeurs, Inc.

ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1717 N. Bayshore Drive, #2455 Miami, FL 33132

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Three Thousand (3,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Linda Medici 1717 N. Bayshore Drive, #2455 Miami, FL 33132

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation Is(are):

Linda Medici 1717 N. Bayshore Drive, #2455 Miami, FL 33132

Jean Aime Medici 1717 N. Bayshore Drive, #2455 Miami, FL 33132

The und	dersigned in	corporator(s) has(have) execut	ted these Articles of Ir	acorporation
	26th.	day of _	January	, 19 ⁹⁶ .	
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			Jo Ma	pot 1.	
			/ / " // //// Sic	mature	

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Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, bmits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: Petits Coeurs, Inc.
2.	The name and address of the registered agent and office is:
	Linda Medici
	(NAME)
	1717 N. Bayshore Drive, #2455
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Miami, FL 33132
	(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGIST SEED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATU	IRE Linda Medici	
DATE	1/29/96	
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