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FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

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NAME: FAMLEE'S CAFE & BEVERAGE, INC.  
AUDIT NUMBER.....H97000011320  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
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**ARTICLES OF INCORPORATION**

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FAMLEE'S CAFE GROCERY & BEVERAGE INC.

(Name of Corporation)

THE UNDERSIGNED SUBSCRIBER(S) TO THESE ARTICLES OF INCORPORATION, NATURAL PERSON(S) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

**ARTICLE I - CORPORATE NAME**

THE NAME OF THE CORPORATION IS : FAMLEE'S CAFE GROCERY & BEVERAGE INC.  
10715 S.W. 190 ST. BAY#5, MIAMI FL 33157

**ARTICLE II - DURATION**

THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING TO FLORIDA LAW.

**ARTICLE III - PURPOSE**

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

**ARTICLE IV - CAPITAL STOCK**

THE CORPORATION IS AUTHORIZED TO ISSUE SIX HUNDRED SHARES (600) OF ONE DOLLAR (\$) (\$1.00) PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON SHARES".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

THE NAME AND STREET ADDRESS OF THE INTIAL REGISTERED AGENT OF THIS CORPORATION IS :

NAME ANTHONY BERNARD  
ADDRESS 16201 S.W. 95 AVENUE # 109  
CITY MIAMI STATE FLORIDA ZIP 33157

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

THIS CORPORATION SHALL HAVE TWO (2) DIRECTOR(S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE NAMES AND ADDRESSES OF THE INTIAL DIRECTOR (S) OF THE CORPORATION ARE AS FOLLOWS:

NAME	<u>JASODRA NARINE (PRESIDENT/TREASURER)</u>		
ADDRESS	<u>20320 S.W. 116 AVENUE</u>		
CITY	<u>MIAMI</u>	STATE	<u>FLORIDA</u> ZIP <u>33157</u>
NAME	<u>RAMESH BHAGARATTEE (VICE-PRESIDENT/SECRETARY)</u>		
ADDRESS	<u>20320 S.W. 116 AVENUE</u>		
CITY	<u>MIAMI</u>	STATE	<u>FLORIDA</u> ZIP <u>33157</u>
NAME	_____		
ADDRESS	_____		
CITY	_____	STATE	_____ ZIP _____
NAME	_____		
ADDRESS	_____		
CITY	_____	STATE	_____ ZIP _____

PREPARED BY : ANTHONY BERNARD  
16201 S.W. 95 AVENUE  
STE. # 109  
MIAMI FL 33157  
(305) 251-4591

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ARTICLE VII - INCORPORATORS

THE NAMES AND ADDRESSES OF THE PERSON(S) SIGNING THESE ARTICLES OF INCORPORATION ARE AS FOLLOWS:

NAME JASODRA NARINE (PRESIDENT/TREASURER)  
ADDRESS 20320 S.W. 116 AVENUE  
CITY MIAMI STATE FLORIDA ZIP 33157  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER(S) HAVE EXECUTED THESE ARTICLES OF INCORPORATION  
THIS TENTH DAY OF JULY 1997.

Jasodra Narine (SEAL)

\_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
(SEAL)

STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY  
SET FORTH ABOVE, PERSONALLY APPEARED

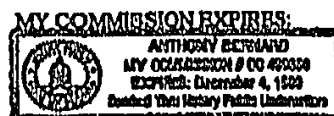
JASODRA NARINE  
\_\_\_\_\_  
\_\_\_\_\_

KNOWN TO ME AND KNOWN TO BE THE PERSON(S) WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION,  
AND WHO ACKNOWLEDGED BEFORE ME THAT SHE \_\_\_\_\_ EXECUTED THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE STATE AND COUNTY AFORESAID,  
THIS TENTH DAY OF JULY 1997.

(NOTARY SEAL)

Anthony Bernard  
(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)



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**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

FAMLE'S CAFE GROCERY & BEVERAGE, INC.

(NAME OF CORPORATION)

PURSUANT TO FLORIDA STATUTES SECTIONS 48.091 AND 607.034, THE FOLLOWING SUBMITTED: THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION

AT 16201 S.W. 95 AVENUE # 109, MIAMI, FL 33157

HAS NAMED ANTHONY BERNARD

LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

**ACKNOWLEDGEMENT**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.

  
(REGISTERED AGENT)

PREPARED BY: ANTHONY BERNARD  
16201 S.W. 95 AVENUE  
STE. # 109  
MIAMI FL 33157  
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