P99000023210

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

		*		
SUBJECT:	ROSE TANTANÉ (Proposed corpo	RESTAURANT rate name - must include suff	INC.	
Enclosed is an origi	inal and one(1) copy of the article		00002798 -03/08/990 *****78.75)1127005
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM	Name (P.			•
	272 NE 40 Pompano BEA City,	Address		= 5 T 1
•		5 – 006.5 elephone number	-8 PM 2: 55 SINT OF STATE SSIE, FLORIDA	

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

3/12/19

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

AKIICLE I NAME	ARTICLE I NAM	\boldsymbol{E}
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The name of the corporation shall be:

ROSE TANTANE RESTAURANT, INC.

ARTICLE II PRINCIPAL OFFICE

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

SINE 10TH ST POMPANO BEACH, FL 23060

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ELIROSE BIEN_AIME 272 NE 40TH ST POMPANO BEACH, FL 33064

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ELIROSE BIEN-AIME 278 NE 407H ST POMPANO BEACH, PL 33064

Glivozo Bren Aine Signature/Incorporator

02-24-99

Date

(An additional article must be added if an effective date is requested.)

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 registered 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

Mogo Bien Aml
Signature/Registered Agent

02-84-99

Date