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LA PARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LE MAGASIN ENTERPRISES, INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

99 JUN 15 AM 11:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

RECEIVED

6/15

Examiner's Initials

Date JUNE 14, 1999

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re LE MAGASIN ENTERPRISES, INC., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

LE MAGASIN ENTERPRISES, INC.

(name of corporation)

MAILING ADDRESS OF CORPORATION		
1850 N.W. 42 AVE		
MIAMI, FLORIDA 33126		
PHONE		
( 305 )	871-1942	
Area Code	Phone Number	Ext.

**ARTICLES OF INCORPORATION**

of

LE MAGASIN ENTERPRISES, 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:

LE MAGASIN ENTERPRISES, INC.

**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 FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

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

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ELENA TEIXEIRA
ADDRESS	1850 N.W. 42 AVE
CITY	MIAMI
STATE	FLORIDA
ZIP	33126

The principal office, if known, or the mailing address of the corporation is:

NAME	LE MAGASIN ENTERPRISES, INC.
ADDRESS	1850 N.W. 42 AVE
CITY	MIAMI
STATE	FLORIDA
ZIP	33126

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ELENA TEIXEIRA	PRESIDENT
ADDRESS	1850 N.W. 42 AVE	
CITY	MIAMI	STATE FLORIDA ZIP 33126
NAME	ELIZABETH TEIXEIRA	VICE PRESIDENT
ADDRESS	1850 N.W. 42 AVE	
CITY	MIAMI	STATE FLORIDA ZIP 33126
NAME		
ADDRESS		
CITY		STATE ZIP

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## Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ELENA TEIXEIRA				
ADDRESS	1850 N.W. 42 AVE				
CITY	MIAMI	STATE	FLORIDA	ZIP	33126
NAME					
ADDRESS					
CITY		STATE		ZIP	
NAME					
ADDRESS					
CITY		STATE		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 14  
day of JUNE, 1999.

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
SS  
COUNTY OF MIAMI-DADE )

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above,  
personally appeared:

Signature	Form of Identification
Signature	Form of Identification
Signature	Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that \_\_\_\_\_ executed these articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this

day of 19

*Notary Signature*

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

LE MAGASIN ENTERPRISES, INC.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is 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 1850 N.W. 42 AVE

MIAMI, FLORIDA 33126

has named ELENA TEIXEIRA

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, 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)*

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