

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32311

8000002987118--5

-09/14/99--01058--017

*****87.50 *****87.50

SUBJECT:

Chateau USA Inc

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00

Filing Fee

☐ \$78.75

Filing Fee

State of Status

☐ \$78.75

Filing Fee

& Certified Copy

☒ \$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Jahys C. Ortega De Perez

Name (Printed or typed)

685 Chelsea Rd

Address

Longwood, FL 32750

City, State & Zip

(407) 461-3545

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP 14 AM 9:25

FILED

NOTED: Please attach to the original and one copy of the articles.

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.

ARTICLE I NAME

The name of the corporation shall be:

Chateau USA Inc

ARTICLE II PRINCIPAL OFFICE

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

685 Chelsea RD

Longwood, Fl. 32750

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Tahys C. Ortega DE Perez
685 Chelsea RD

ARTICLE V INCORPORATOR

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

Longwood, Fl. 32750

Tahys C. Ortega
685 Chelsea RD

Longwood, Fl 32750

9-10-99

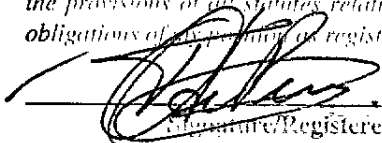


Signature/Incorporator

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.



Signature/Registered Agent

9-10-99

Date

FILED
99 SEP 14 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA