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SUCRETARY OF STATE

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## TRANSMITTAL LETTER

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

SUBJECT: DIVA IN THE KITCHEN, INC.

SUBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		<u>-</u> ·
Enclosed are an orig	ginal and one (1) copy of the a	rticles of incorporation an	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED		
FROM:	Mercedes Chala	ne (Printed or typed)			<del></del>
	200 Velarde Avenue	Address	<u>.</u>	₹ '	
	Coral Gables, Florida 33	3134 y, State & Zip	<del> </del>	, *	Fe
	305-443-2596	-	<del></del>		, e <del>-</del>
	Dayume	Telephone number			

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

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

DIVA IN THE KITCHEN, INC.

### ARTICLE II \_ PRINCIPAL OFFICE

The principal place of business/mailing address is:

200 Velarde Avenue, Carol Gables, Florida 33134

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Meeting Planning & Catering Business

## ARTICLE IV SHARES

The number of shares of stock is: 1000

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional

The name(s), address(es) and title(s):

Mercedes Chala, President/CEO

Mercedes Chala, Secretary

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MERCÉDES CHALA 200 VELARDE AVE. CORAL GABLES, FL. 33134

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mercedes Chala, 200 Velarde Avenue, Carol Gables, Florida 33134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

this capacity

Date

Date

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SECRETARY OF STATI