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FILED

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

00 AUG 10 PM 12: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: SISTERLY LOVE CATERING 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
& Certificate of Status

☐ \$ 78.75
Filing Fee
& Certified Copy

☐ \$ 87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM VISHWANATH RAMDASS
Name (Printed or typed)

8133 ST. ANDREWS CIRCLE
Address

ORLANDO, FL 32835
City, State & Zip

407-292-3630
Daytime Telephone number

700003352447--4
-08/10/00--01042--011
*****70.00 *****70.00

NOTE Please provide 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 1 NAME

The name of the corporation shall be:

SISTERLY LOVE CATERING INC.

ARTICLE 11 PRINCIPAL OFFICE

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

**4457 EDGEMOOR ST.
ORLANDO, FL 32811**

ARTICLE 111 SHARES

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

500,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**VISHWANATH RAMDASS
8133 ST. ANDREWS CIRCLE
ORLANDO, FL 32835**

ARTICLE V INCORPORATOR

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

**VISHWANATH RAMDASS
8133 ST. ANDREWS CIRCLE
ORLANDO, FL 32835**


Signature/Incorporator

8/3/00
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 design 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

8/3/00
DATE

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TALLAHASSEE, FLORIDA