## TRANSMITTAL LETTER

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

SUBJECT:	mars	Cotening	9n. INC
		Proposed comorate name	Smust include suffix)

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

\$70.00	<b>□</b> \$78.75
Filing Fee	Filing Fee

Filing Fee

& Certificate of Status

**□**\$78.75

**S87.50** 

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	James L Faulk	
	Name (Printed or typed)	
	1401 Nuichort LN	
	CT .	1
	Address	

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



ARTICLES OF INCORPORATION	Ľ.
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:  WIRS CITERIAN  THE SECRETARY OF THE STATE OF THE ST	
ARTICLE I NAME TALLAHASSI OF STA	
Mars Catering. INC	
The principal place of business and mailing address of this corporation shall be:	
ARTICLE III SHARES 32805	
the number of shares of stock that this corporation is authorized to have outstanding at	
200 Shares At \$1,00 per share.	٠.
ARTICLE IV INITIAT DECICEDED ACTUM	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:	
wants I. Italk	
1401 Nuicpont LM, ON [FIZ. 37805	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
James L. Faulk	
Pridredo Fid.	
James L. Faulk 8/31/9000	
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

24 /2000 Date