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•	Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			JUL 10	FILED TARY OF STATE OF CORPORATIONS
	SUBJECT:	TOMATED CATERING, I (PROPOSED CORPORAT	FE NAME – <u>MUST INCLU</u>	DE SUFFIX ODOO4478 -07/16/010 *****70.00	0647 1115007 ******70.00
	Enclosed is an origina T \$70.00 Filing Fee	l and one(l) copy of the articl S78.75 Filing Fee & Certificate of Status	es of incorporation and a S78.75 Filing Fee & Certified Copy ADDITIONAL CO	 S87.50 Filing Fee, Certified Copy & Certificate of Status 	
	FROM:	Name (P 3545-1 ST JOHNS BLUFF R	rinted or typed)		
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NOTE: Please provide the original and one copy of the articles.

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PB 717-01

of

Automated Catering, Inc.

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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.

The name of the corporation shall be:

Automated Catering, Inc.

ARTICLE II.

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

3545-1 St. Johns Bluff Road South, Suite 225 Jacksonville, FL 32224

ARTICLE III.

The purpose for which the corporation is organized is:

Any Lawful Enterprise

ARTICLE IV.

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

1000

ARTICLE V.

The names and street addresses are:

Douglas J. Fitzgerald 3545-1 St. Johns Bluff Road South, Suite 225 Jacksonville, FL 32224

ARTICLE VI.

The name and address of the registered agent are:

Mark R. Patrick 4040 Woodcock Drive, Suite 230 Jacksonville, FL 32207

ARTICLE VII.

The name and address of the incorporator are:

Douglas J. Fitzgerald, President 3545-1 St Johns Bluff Road South, Suite 225 Jacksonville, FL 32224

signature/Incorporator

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

Date