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TRANSMITTAL LETTER

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

SUBJECT: Islan	d Flava Catering Co.		
	(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:
□ \$70.00	\$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
Timig rec	& Certificate of Status	& Certified Copy	Certified Copy
	& Cerimeate of Status	ac certified copy	& Certificate of
			Status
		ADDITIONAL CO	
		ADDITIONAL CO	I I REQUIRED
	•		,
FROM: Ja	acinda Lynn Smith		
Name (Printed or typed)			
	4420 North Shore Drive		
	A	Address	
	West Palm Beach, F1 33	407	
City, State & Zip			
	561-856-5503		
	Daytime T	elephone number	

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



February 6, 2004

JACINDA L SMITH 4420 N SHORE DR W PALM BCH, FL 33407

SUBJECT: ISLAND FLAVA CATERING CO.

Ref. Number: W04000005211

We have received your document for ISLAND FLAVA CATERING CO. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of <u>acceptance</u>. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Cynthia Blalock Document Specialist New Filings Section

Letter Number: 104A00008348

ARTICLES OF INCORPORATION

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

FILED

04 FEB 20 AM 11:02

SECKEDANT OF STATE TALLAHASSEE, FLORIDA

· ARTICLE I NAME

The name of the corporation shall be: Island Flava Catering Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4420 North Shore Drive West Palm Beach, F1 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide catering services to individuals and/or businesses

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE_V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Jacinda L. Smith / Owner 4420 North Shore Drive West Palm Beach, FL 33407

ARTICLE VI REGISTERED AGENT

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

Mr. Joe Bowens 1308 W. 26th Court Riviera Beach, FL 33404

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Jacinda L. Smith 4420 North Shore Drive West Palm Beach, FL 33407

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 Aith and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator

2/12/04

Signature/Incorporator

2/12/04

Date