

P040000081643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

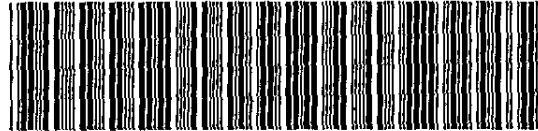
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600036470336

05/19/04--01014--016 **78.75

FILED
05 MAY 19 PM 3:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Culinary Visions 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:

Lisa Hoffmaier
Name (Printed or typed)

Hoffmeier Accounting
5101 NW 21st Ave.
Suite 200
Ft. Lauderdale, FL 33309
City, State & Zip

(954) 735-8770
Daytime Telephone number

FAX (954) 733-9220

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:

Culinary Visions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1534 N.E. 17th Terrace
Fort Lauderdale, Fl. 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

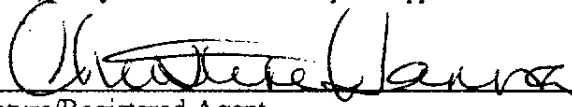
Christine Hanna
1534 N.E. 17th Terrace
Ft. Lauderdale, Fl. 33304

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Christine Hanna
1534 N.E. 17th Terrace
Ft. Lauderdale Fl. 33304

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

x 
Signature/Registered Agent

3-1-04
Date

x 
Signature/Incorporator

3-1-04
Date

FILED

05 MAY 19 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA