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(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bo	usiness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
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OF HUN -2 PM 2-1.1

TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
	· A	Byca, in	

Name (Printed or typed)

20238 N.W. 38 Place

Address

Miami Gardens FL 33055

City, State & Zip

(786) 262-2600

Daytime Telephone number

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)

05 JUN -2 PM 2: 41

ARTICLE I	NAME	

The name of the corporation shall be:

Mike+Catts Soul Food Diner Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

20238 NW. 38 Place Miami, FL33055 TICLE III PURPOSE

ARTICLE III

The purpose for which the corporation is organized is:

Any+all lawful businesss

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):

Michael Brown - President Annie Brown - Vice - President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Annie Brown 20238 NW38PL Miami, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ichael+Annie Brown 20238 NW 38PL

> 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

Signature/Registered Agent

Signature/Incorporator