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(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
	. State Zin Daar	
(City/State/Zip/Phone #)		
PICK-UP		MAIL
(Business Entity Name)		
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
L	Office Use On	I



11/29/05--01048--013 **87.50

FILED 05 NOV 28 PH 3: 49 PALLAHASSEE, FLORIDA COVER LETTER

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

Deli & Catering INC. DENERSTONE L SUBJECT: ORPORATE NAME - MUST INCLUDE SUFFIX

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

Filing Fee

\$78.75 Filing Fee & Certificate of Status

\$87.50 Filing Fee, Certified Copy & Certificate of
Status PY REQUIRED

ANThony LEEBER S.R. FROM: ____

12851 VISTAPINE Cincle

F.H MY-IRS FL 33913 City, State/& Zip

<u>739 - 561 - 0904</u> Daytime Telephone number

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

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ARTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Convensione DELi & CAtening INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

ARTICLE III PURPOSE

1

The purpose for which the corporation is organized is:

OPENAto A Food Establish nort

ARTICLE IV SHARES

The number of shares of stock is:

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTHONY LERBON SR 12851 Vista Pine Cincle Fr My ens FL 33919

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

/21 Date /

Signature/Incorporator

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