

P05000159549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

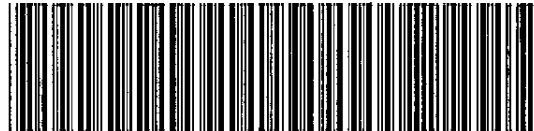
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/05/05--01037--022 **87.50

05 DEC -5 AM 8:26
SECRETARY
DIVISION

COVER LETTER

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

SUBJECT: KINGDOM CATERING, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DALE & KATHY CHAFFIN

Name (Printed or typed)

PO BOX 354621

Address

PALM COAST FL 32135-4621

City, State & Zip

(386) 274-6700, EXT 1359

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -5 AM 8:27

ARTICLE I NAME

The name of the corporation shall be:

KINGDOM CATERING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P. O. BOX 354621

PALM COAST FL 32135-4621

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CATERING

ARTICLE IV SHARES

The number of shares of stock is:

ZERO

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CALVIN JAROSZ, PRESIDENT
28 WOODSTONE LN
PALM COAST FL 32164

KATHY D CHAFFIN, VICE PRES.
40 BRESSLER LN
PALM COAST FL 32137

JULIE JAROSZ, SECRETARY
28 WOODSTONE LN
PALM COAST FL 32164

DALE CHAFFIN, TREASURER
40 BRESSLER LN
PALM COAST FL 32137

ARTICLE VI REGISTERED AGENT

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


KATHY D CHAFFIN
40 BRESSLER LN
PALM COAST FL 32137

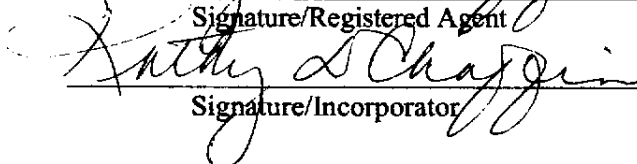
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KATHY D CHAFFIN
40 BRESSLER LN (MAILING: PO BOX 354621, PALM COAST FL 32135-4621)
PALM COAST FL 32137

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

09-30-05

Date

09-30-05

Date