

PO6000147261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 NOV 27 A 11:57

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11-28-06
WJ

COVER LETTER

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

SUBJECT: Your Taste Cuisine, Co.

(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: Leslie Malave

Name (Printed or typed)

1200 Lee Road

Address

Orlando, FL 32810

City, State & Zip

407-579-4977

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)

ARTICLE I NAME

The name of the corporation shall be:

Your Taste Cuisine, Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1200 Lee Road
Orlando, FL. US 32810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Leslie Malave
1200 Lee Road
Orlando, FL 32810 US

ARTICLE VI REGISTERED AGENT

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

Leslie Malave
1200 Lee Road
Orlando, FL 32810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leslie Malave
1200 Lee Road
Orlando, FL 32810

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

Leslie Malave
Signature/Registered Agent

Leslie Malave
Signature/Incorporator

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/26/06
Date
11/26/06
Date