

PO7000041846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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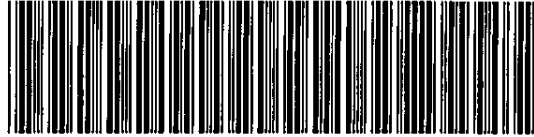
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: DELICATTES 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      ☐ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Olufemi Adalakun

Name (Printed or typed)

19640 NW. 82 ct

Address

Miami Florioa 33015

City, State & Zip

305-829-1545

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:

DELICATTES INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

19640 NW. 82ct  
Miami Florida 33015

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Industry / Manufacture / Trade

## **ARTICLE IV SHARES**

The number of shares of stock is:

100,000,000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Olufemi Adelakun  
19640 NW. 82ct  
Miami Florida 33015

## **ARTICLE VI REGISTERED AGENT**

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

Olufemi Adelakun  
19640 NW. 82ct  
Miami Florida 33015

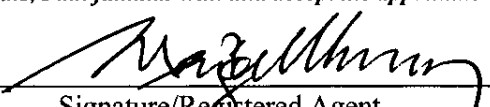
## **ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Olufemi Adelakun  
19640 NW. 82ct  
Miami Florida 33015

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*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

04-02-07

\_\_\_\_\_  
Date

04-02-07

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA