

P080000009823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

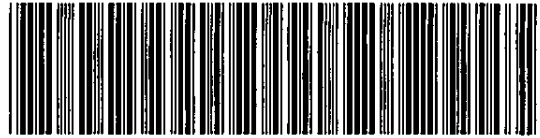
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
08 JAN 25 PM 3:45

1/28/08

## COVER LETTER

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DIVISION OF CORPORATIONS

08 JAN 25 PM 3:45

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

SUBJECT: A Touch of Class 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: Elizabeth Wade

Name (Printed or typed)

1739 Limewood Lane

Address

Orlando, FL 32818

City, State & Zip

(321) 239-0400

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:

**A Touch of Class Catering, Inc.**

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## **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
1739 Limewood Lane ; Orlando, Fl 32818

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:  
Catering

## **ARTICLE IV      SHARES**

The number of shares of stock is:

1

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

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

Elizabeth Wade (President)  
1739 Limewood Lane  
Orlando, Fl 32818

Altamese Jones (Vice President)  
1709 Mercy Drive  
Orlando, Fl 32808

**ARTICLE VI REGISTERED AGENT**

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

Elizabeth Wade  
1739 Limewood Lane  
Orlando, FL 32818

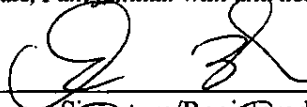
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

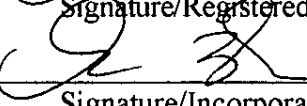
Elizabeth Wade  
1739 Limewood Lane  
Orlando, FL 32818

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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

1/23/08  
\_\_\_\_\_  
Date

1/23/08  
\_\_\_\_\_  
Date

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