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## COVER LETTER

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

**SUBJECT:** LA COSECHA CATERING SERVICES, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: DELIA L. MURILLO

Name (Printed or typed)

1310 SW 126 PL

Address

MIAMI, FL. 33184

City, State & Zip

786-439-3230

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:

LA COSECHA CATERING SERVICES, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

DELIA L. MURILLO (PD)  
1310 SW 126 PL  
MIAMI, FL. 33184

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
RESTAURANT & CATERING

## **ARTICLE IV SHARES**

The number of shares of stock is:  
500

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

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

DELIA L. MURILLO  
1310 SW 126 PL  
MIAMI, FL. 33184

## **ARTICLE VI REGISTERED AGENT**

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

DELIA L. MURILLO  
1310 SW 126 PL  
MIAMI, FL. 33184


## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DELIA L. MURILLO  
1310 SW 126 PL  
MIAMI, FL. 33184

\*\*\*\*\*

*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*



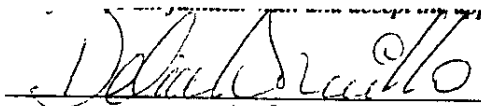
Signature/Registered Agent

09/20/08

Date

Signature/Incorporator

Date



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA