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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: TASTE OF CAYMAN CATERING SERVICE, 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: JACKIE ALLEN  
Name (Printed or typed)

1088 ADIRONDACK ST.  
Address

DELTONA, FL. 32725  
City, State & Zip

407 692-5589  
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:

TASTE OF CAYMAN CATERING SERVICE, INC.

## ARTICLE II PRINCIPAL OFFICE

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

1088 ADIRONDACK ST.  
DELTONA, FL. 32725

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CATERING, ALL BUSINESS ACTIVITIES

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JACKIE ALLEN 1088 ADIRONDACK ST. DELTONA, FL. 32725, PRESIDENT

GREGORY ALLEN 1088 ADIRONDACK ST. DELTONA, FL. 32725 VICE PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

Rox Anne A Williams  
855 W. Minnesota Ave  
Deland FLA 32720


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


JACKIE ALLEN  
1088 ADIRONDACK ST.  
DELTONA, FL. 32725

\*\*\*\*\*

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

12-6-08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12-6-08  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA