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SECRETARY OF STATE ALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT:	TOC C	atering, In	C.
	(PROPOSED CORPORA	ATE NAME – <u>Must incl</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75Filing Fee& Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	•	Hukara Es (Printed or typed) Sheet, Scite Address 15 33756 State & Zip	
	(727) 586 Daytime	5 – 4529 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:

T & C Catering, Inc.

ARTICLE II PRINCIPAL OFFICE

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

T & C Catering, Inc. 11900 Shipwatch Drive Largo, FL 33774

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate as a café and to engage in and transact any lawful business for which corporations may be incorporated under the Florida General Corporations Act. No other purpose limits this general purpose in any way.

ARTICLE IV SHARES

The number of shares of stock is:

Ten thousand (10,000). Such shares will be of a single class and shall have a par value of one dollar (\$1.00) per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Richard A. Bryson, President/Director 11377 Harbor Way, Apt. 1710 Largo, FL 33774

Claire Bryson, Director 11377 Harbor Way, Apt. 1710 Largo, FL 33774

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Richard A. Bryson 11377 Harbor Way, Apt. 1710 Largo, FL 33774 2009 JAN 23 PM 3: 39
SECRETARY OF STATE

ARTICLE VII INCORPORATOR

The <u>name and address</u> if the Incorporator is:

Kimberly J. Haikara, Esq. 1221 Turner Street, Suite 102 Clearwater, FL 33756

***************	***********
Having been named as registered agent to accept service of process for the abo certificate, I am familiar with and accept the appointment as registered	ve stated corporation at the place designated in this ed agent and agree to act in this capacity.
Signature/ Registered Agent	1/20/cm
Labely Otakara	1/20/09
Signatur Incorporator	Date

2009 JAN 23 PM 3: 39
SECRETARY OF STATE