

P09000071696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

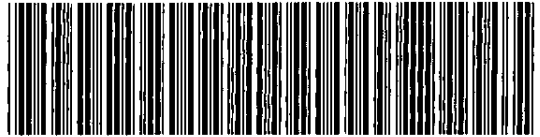
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6408-6250-192-
2553
W09-36314



900159161599

08/10/09--01055--010 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 AUG 24 PM 4:20

8/24/09

COVER LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 AUG 24 PM 4:20

SUBJECT: Caraballo 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:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

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

FROM: Orelvy Molina
Name (Printed or typed)

35585 SW 190 Ave
Address

Miami FL 33034
City, State & Zip

786-426-5080
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

* Please view
attachment.
RECEIVED

09 AUG 24 AM 11:03

Thank you,
Orelvy Molina

August 11, 2009

ORELVY MOLINA
35585 SW 190 AVENUE
MIAMI, FL 33034

SUBJECT: CARABALLO CATERING INC
Ref. Number: W09000036314

We have received your document for CARABALLO CATERING INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please list the street address of each officer/director.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 809A00027360

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 AUG 24 PM 4:20

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME

The name of the corporation shall be: Caraballo Catering Inc

2009 AUG 24 PM 4:20

ARTICLE II PRINCIPAL OFFICE

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

35585 SW 190 AVE
MIAMI, FL 33034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Service

ARTICLE IV SHARES

The number of shares of stock is: 100% ~~0m~~
100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Orelvy Molina
35585 SW 190 Avenue
Miami, Florida 33034

ARTICLE VI REGISTERED AGENT

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

Orelvy Molina
35585 SW 190 Avenue
Miami, Florida 33034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Orelvy Molina 35585 SW 190 Ave Miami FL 33034

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

Orelvy Molina

Signature/Registered Agent

8-6-09

Date

Orelvy Molina

Signature/Incorporator

8-6-09

Date