

71100-0012279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers FEB 04 2011

W11-4577

COVER LETTER

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

SUBJECT: Rachelle's Gourmet 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: Rachelle Lexima
Name (Printed or typed)
14830 South Military Trail
Address
Delray Beach, FL 33484
City, State & Zip
561-389-7091
Daytime Telephone number
plexima@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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 Rachelle's Gourmet Catering Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 14830 South Military Trail
Delray Beach, FL 33484
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Catering for all occasions

ARTICLE IV SHARES
The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Rachelle Lexima, President</u>	Name and Title: _____
Address: <u>14830 South Military Trail</u>	Address: _____
<u>Delray Beach, FL 33484</u>	_____
_____	_____
Name and Title: <u>Patrick Lexima, Vice-President</u>	Name and Title: _____
Address: <u>14830 South Military Trail</u>	Address: _____
<u>Delray Beach, FL 33484</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Patrick Lexima
Address: 14830 South Military Trail
Delray Beach, FL 33484

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Patrick Lexima
Address: 14830 South Military Trail
Delray Beach, FL 33484

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TALLAHASSEE, FLORIDA
DEPT. OF STATE

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

Required Signature/Registered Agent 2/1/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator 2/1/2011
Date