

P11000023512

(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



600196689996

03/07/11--01030--022 \*\*87.50

FILED  
11 MAR -7 PM 2:50  
RECEIVED  
MAR 10 2011  
FBI - MEMPHIS

Ps 3/10/11

## COVER LETTER

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

SUBJECT: Flambe 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: Max R. Price

Name (Printed or typed)

6701 Sunset Dr, Suite 104

Address

Miami, FL 33143

City, State & Zip

305-662-2272

Daytime Telephone number

mprice@pricelegal.com

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

**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:

**Flambe Catering, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

711 NW 27 Ave

Miami, FL 33125

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida or the United States.

**ARTICLE IV SHARES**

The number of shares of stock is: **1,000**

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

Name and Title: Max R. Price

Address: 6701 Sunset Dr., Suite 104

Miami, FL 33143

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Max R. Price

Address: 6701 Sunset Dr., Suite 104

Miami, FL 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Max R. Price

Address: 6701 Sunset Dr., Suite 104

Miami, FL 33143

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

02-28-11  
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

02-28-11  
Date