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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**The Catered Life Inc.**

Certificate of Status	0
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## **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:

THE CATERED LIFE INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1008 SE PORT SAINT LUCIE BOULEVARD  
PORT SAINT LUCIE, FLORIDA 34952

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT

JERALD SMITH

1008 SE PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34952

VICE PRESIDENT

JOSEPH HARDEE

1008 SE PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34952

SECRETARY TREASURER

CISSY SMITH

1008 SE PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34952

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**ARTICLE VI REGISTERED AGENT**

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

CISSY SMITH  
165 NW HIBISCUS STREET  
PORT SAINT LUCIE, FLORIDA 34983

**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

CISSY SMITH  
1008 SE PORT SAINT LUCIE BOULEVARD  
PORT SAINT LUCIE, FLORIDA 34952

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.

  
\_\_\_\_\_  
CISSY SMITH / Registered Agent

4/10/11  
Date

  
\_\_\_\_\_  
CISSY SMITH / Incorporator

4/10/11  
Date

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