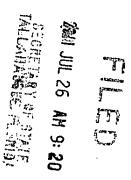
## 

(Requestor's Name)		
(Address)		
_		
MAIL		
Status		
Special Instructions to Filing Officer:		





07/25/11--01044--012 \*\*105.00





## COVER LETTER

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

SUBJECT: All Tal Catering Inc.				
(PROPOSED CORPÓRATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$87.50 Filing Fee  & Certified Copy  & Certificate of  Status  ADDITIONAL COPY REQUIRED			
FROM: Sam OSHA  Name (Printed or typed)				
172 San Marco AUE				
St. Augustine St. 32084				
(904) 835- Daytime Te	6725 elephone number			
SAM OSTA CONSTR E-mail address: (to be used	for future annual report notification) Com			

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

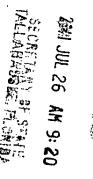
## 172 SAN MARCO AVE. ST AUGUSTINE FL 32084 (904) 825-6775

Document# P10000098935

I don't intend to revoke that dissolution of all-star catering inc. Please release the name for immediate use to file a new corporation.

Sincerely Yours,

Dallas Moore President



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

ARTICLE I NA	AMB All Clar catering S	Euc,	
The name of the corpo	pration shall be: All-Ska catering s		
ž.	RINCIPAL OFFICE		
4	Principal street address U-Stork Cluthing one 12 San Manco Ave	Mailing address, if different is:	
ARTICLE III PU	TRPOSE the the corporation is organized is:		
The purpose for which	in the corporation is organized is.		
ARTICLE IV SI	HARES 1,000 Shares		
ARTICLE V IN	IITIAL OFFICERS AND/OR DIRECTORS	Ocandon I	
Name and Title: Address:		ame and Title: TVE TOUR Marco ave ddress: 172 San Marco ave ST My Works PC	
Name and Title: Address:	N:		
	A	Juliess.	
1,			
Name and Title: Address:	N		
ADMICE DE			
	BGISTERED AGENT a street address (P.O. Box NOT acceptable) of the	paristered agent is:	
Name:	Sam asta	TO STATE OF	
Address:	Jagustie prograte		
ARTICLE VII IN	CORPORATOR	i i	
The name and addres	ss of the Incorporator is:	<b>*************************************</b>	
Name: Address:	Da San manague Stangwine K \$50084		
	as registered agent to accept service of process for amiliar with and accept the appointment as register	the above stated corporation at the place designated in ed agent and agree to act in this capacity	
		7 /7 //	
	Required Signature/Registered Agent	7 - /3 - /1 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.			
		7 . 1	
	Paguired Longhum / man manufacture	$\frac{7-13-1}{Date}$	
(	Required Signature/Incorporator	Date	