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(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:				
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COVER LETTER

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

SUBJECT: Once In a Blue Moon Catering Co.					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an original and one (1) copy of the artic	eles of incorporation an	d a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
ADDITIONAL COPY REQUIRED					
FROM: Andrew Lyman Name (Printed or typed)					
162 SW 52 Terrace					
Address					
Plantation, FL 33317					
Plantation, FL 33317 City, State & Zip 954-931-9183					
954-931-9183		RY SEE	2		
Daytime Telephone number					
onceinabluemooncatering E-mail address: (to be used	g@yahoo.com	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 The name of the co	NAME Once In a Blue Moon Ca	atering Co.	
	•		
ARTICLE II	PRINCIPAL OFFICE		
•	Principal street address	Mailing ad	dress, if different is:
	961 North Lake Dasha Drive		· · · · · · · · · · · · · · · · · · ·
E	Plantation, FL 33324		
ARTICLE III			
	hich the corporation is organized is:		
A catering co	mpany.		
•			
ARTICLE IV	SUADES		
The number of shar			
	INITIAL OFFICERS AND/OR DIRECTOR		
	tle:Andrew Lyman, owner		
Address:	162 SW 52 Terrace		
	Plantation, FL 33317	<u></u>	······
			· · · · · · · · · · · · · · · · · · ·
	tle:Danielle Shiveler, owner		
Address:	8961 North Lake Dasha Drive		
	Plantation, FL 33324	<u> </u>	-
Name and Ti	tle:	Name and Title:	
Address:	****	Address:	
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	2011 NOV 29 SECRETAN
Name:	Danielle Shiveler		## 2
Address:	8961 North Lake Dasha Drive	•	TARY HASSE
	Plantation, FL 33324		[H-< W]
ADTICI P III	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Andrew Lyman		
Address:	162 SW 52 Terrace	•	
_	Plantation, FL 33317	•	·
,,_,			
this certificate Law	d as registered agent to accept service of process A familiar with and accept the appointment as regi	for the above stated corpor	ation at the place designated in
mis cerujicate, 1 an	1 /1		in inis cupacity
l II	W As Trivalle	و. اعداره (🗡	11/19/20
	Required Signature/Registered Agent	DAMA FAR	11/8/2011
	vedniren aikimme vekizieten vikeut		L/ale
I submit this docu	ment and affirm that the facts stated herein are	true. I am aware that the fi	ulse information submitted in a
document to the De	partment of State constitutes a third degree felony	as provided for in s.817.155	, F.S.
	/ Andra 1		
19/1-	Andrew L.	4 Man	11/18/2011 Date
2	Required Signature/Incorporator		Date

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