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(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/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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2012 JAN -9 AH II: 38
SEGRETARY OF STATE

November 11, 2011

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern.

I am writing to you all giving up the use of the name, Goombay Cafeteria and Club, Inc.

I am asking that the name be released for use by any other entity.

Sincerely,

Edward Cololinsh Colbrooke Edward

Past President

Goombay Cafeteria and Club, Inc.

2012 JAN -9 AH IN: 30

THE 30 KECKIVED

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

ARTICLE II	PRINCIPAL OFFICE		
•	Principal street address	Mailing a	ddress, if different is:
	5426 NW 7 Ave. Suite A.		
; D	Miami, FL 33127		
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
Catering & R	estaurant Services		
ARTICLE IV	SHARES		
	res of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	!S	
Name and T	itle:Colebrooke, Edward / P	Name and Title:	
Address:	5426 NW 7 Ave. Suite A.		
	Miami, FL 33127		
	itle Conley, Bett Y, VP		
	itle ////EY/BETT/, V	_ Name and Title:	
Address:	5426 NW 7 Ave. Suite A. Miami, FL 33127		
	IVIIAIIII, FL 33121		
Name and T	itle:	Name and Title:	
Address:		Address:	
			201 201 201 E
RTICLEVI	REGISTERED AGENT		2 2 A
	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	JAN JAN
Name:	Grady Muhammad	_	CÓ 28 1 🚆
Address:	5800 NW 7 Ave. Unit. # 212	-	
	Miami, FL 33127	_	
DTICLE WIL	INCORPORATOR		5-1
	Iress of the Incorporator is:		
Name:	Grady Muhammad		30
Address:	5800 NW 7 Ave. Unit. # 212	-	
	Miami, FL 33127	-	
	ed as registered agent to accept service of proces.		
nis certificate, I ai	m familiar with and accept the appointment as reg	istered agent and agree to a	ect in this capacity
	My Mhammad		1-05-2012
_	Required Signature/Registered Agent		Date
submit this does	ment and affirm that the facts stated herein are	true I am aware that the	false information submitted in
ocument to the D	epartment of State-constitutes a third degree felon	y as provided for in s.817.15	55, F.S.
	1/1/2/		
$<$ \ 1	James 1/11/11/10/20 2 20 00.	/	1-5-12
\\/V	I Wood war in march	f	1 0 14