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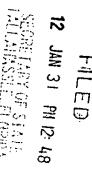
(Requestor's Name)				
(Address)				
(Address)				
(C:	hulChaha (Zin/Dhana	- 40		
(Cr	ty/State/Zip/Phone	= #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
(
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

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

SUBJECT: COF	LPORATE CATT	ERING EVEN	rs, INC.
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an origina	l and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ 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 CO	OPY REQUIRED
	Shirley Chan	• • • • • • • • • • • • • • • • • • • •	
	701 SW 45		198 boy 30
	avie, FL 3	33/4 v, State & Zip	<u> </u>
	786-33°	8-1099 Telephone number	
	Charafardir E-mail address: (to be us	s@yahoo.co	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 o	corporation shall be: CORPORATE C	ATERING E	NENTS, INC
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailir	ng address, if different is:
	4701 SW 45 Street	649	7 w 9 ave
	Bldg 8 Bay 30	Hiale	eah, PL 33012
	Davie, FL 33314		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	ING EVENTS ORGANIZA	ation	
	5 5 5		
ARTICLE IV	SHARES		EAR R
	ares of stock is: LOO		
	. • •	1.160	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS NEC LIE	
Name and Address:	Title: Shirley Charafardin/	Address:	
Mulcos.	thaleab, PL 3301a	Address.	
			print (print)
Name and Address:	Title:		
Address:			
			· · · · · · · · · · · · · · · · · · ·
	Fitle:		<u> </u>
Address:		Address:	
		_	
ARTICLE VI	REGISTERED AGENT	0.1	
Name:	lorida street address (P.O. Box NOT acceptable) Shir leu Charafarain	of the registered agent is:	
Address:	6497 west 9 ave		
7 taa 1 Coo.	Haleah IPL 33012	_	
	•		
ARTICLE VII	INCORPORATOR		
Name:	Idress of the Incorporator is: Shirley charafardin		
Address:	6497 W9 ave		
ridaress.	Haleah IFL 33012		
			
	ned as registered agent to accept service of proce		
_	am familiar with and accept the appointment as re		to act in this capacity
llin	Our Obarra la solia		1/20/12
<u> </u>	Ley Cheu a fan clin Required Signature/Registered Agent		
	, Required Signaturo Registered Agent		Date
	rument and affirm that the facts stated herein a		
	Department of State constitutes a third degree felo	ny as provided for in s.81	7.155, F.S.
16 6	Dhark is		. / - / -
since	y Charafaralin Required Signature/Incorporator		1/30//2
	/ Required Signature/Incorporator		Date