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SECRETARY OF STATE
TALLAHASSEE, FL 32304

COVER LETTER

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

SUBJECT: CORPORATE CATERING EVENTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 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 COPY REQUIRED

FROM: Shirley Charafardin
Name (Printed or typed)
4701 SW 45 street, Bldg 8 Bay 30
Address
Davie, FL 33314
City, State & Zip
786-338-1099
Daytime Telephone number
charafardins@yahoo.com
E-mail address: (to be used for future annual report 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 corporation shall be: CORPORATE CATERING EVENTS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
4701 SW 45 Street
Bldg 8 Bay 30
Davie, FL 33314

Mailing address, if different is:
6497 W 9 ave
Hialeah, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
CATERING EVENTS organization

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shirley Charafardin / owner
Address: 6497 W 9 ave
Hialeah, FL 33012

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Shirley Charafardin
Address: 6497 west 9 ave
Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shirley charafardin
Address: 6497 W 9 ave
Hialeah, FL 33012

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

Shirley Charafardin
Required Signature/Registered Agent

1/30/12
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.

Shirley Charafardin
Required Signature/Incorporator

1/30/12
Date