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PICK-UP	MAIT WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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400235054454 05/17/12--01027--001 **78.75

COVER LETTER

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

SUBJECT: HD DOVE GOU	rmet Catering Inc
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	Onne Dove (Printed or typed)
A	Grove Street
lampa,	FL 33610 State & Zip
(727) 342 Daytime Te	2784 elephone number
hddove <u>Caterin</u> E-mail address: (to be used	G @ Yohoo. Com Jor 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	a
The name of the o	corporation shall be: HD DOVE 6	Sourmet Catering, Inc.
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
	3100a E. Grove Street	
	Tampa, FL 33(010	
ARTICLE III		
The purpose for v	which the corporation is organized is:	To provide professional food latering services.
ARTICLE IV	SHARES	
The number of sh	ares of stock is: \OO	
ARTICLE V	INITIAL OFFICERS AND/OR DIR	VECTORS
	Title: Hope Dionne Dove	2, Hres. Name and Title:
Address:	Zata E. Grove Stree	+ Address:
	Tampa, FL 33610 (owner)	
Name and T	Fille: Michael Garard Dave	Vice-PreName and Title:
Address:	3602 E. Grove Street	Address:
	Tamoa, FL 33610	
	(Duner)	
Name and T	Γitle:	Name and Title:
Address:		Address:
	REGISTERED AGENT	
	orida street address (P.O. Box NOT acce	ptable) of the registered agent is:
Name: Address:	Janis Ford 1418 aard Avenue S	
ridai ess.	St. Petersburg FC	
ADDROLD TO	3.	
	INCORPORATOR Idress of the Incorporator is:	
Name:	Hope Dipone Dove	<u></u>
Address:		reet
	Tampa, FL 33(01)	
Having been nan	ned as registered agent to accept service of	of process for the above stated corporation at the place designated in
inis ceruficate, i a	im Jamiliar with and accept the appointme	ent as registered agent and agree to act in this capacity
Amu	1 184d	.5/15/2012
71/	Required Signature/Registered Ag	gent Date
submit this docu	ument and affirm that the facts stated he	erein are true. I am aware that the false information submitted in a
document to the D	epartment of State constitutes a third degr	ree felony as provided for in s.817.155, F.S.
	() has been	ala lana
	Required Signature/Incorporate	<u> </u>
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