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MRD,3/12

## **COVER LETTER**

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

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A.1-

SUBJECT: The Kitchen Connection Catering ( MUST INCLUDE SUFFIX) (PROPOSED CORPORATE NAME

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

\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: <u>Edward Chong</u> O <sup>Name</sup> <u>9522 Eddings RJ.</u>	
Odessa, FL 339 City,	STC State & Zip
<b>813-205-934</b> Daytime Te	7 elephone number
TKCCatering Chotm E-mail address: (to be used	for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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	ARTICLES	OF INCORPORATION	N	
<u>^</u>	In compliance with Chapte			-
ARTICLE I N	AME		I, F.S. (Profit) FILE	D
The name of the corpo	pration shall be: The Kitchen (	Connection Cateri	ing Inc. 12 OCT -2 Ph SECTOR	
	RINCIPAL OFFICE		SECAFIA	12:
9	Principal <u>street</u> address		Mailing address it different is Y OF	SIA
0	lesse Fe			- <del>GR</del> [
	3)556	,,		
ARTICLE III PU				
The purpose for which	th the corporation is organized is:			
Ctacio	· Sarring			
Calerin	g Service			
	)			
	HARES			
The number of shares	of stock is: a			
ARTICLE V II	VITIAL OFFICERS AND/OR DL	RECTORS		
	Michael Chong - Presider	Name and Ti	ile: Edward Chang- Vice Presiden	t
Address:	9522 Elling URJ.	Address:	9522 Eddings Rd.	
	046554, 46 33536		Oversi, FC 33556	
				<u> </u>
	:		itle:	
Address:		Address:	<u> </u>	<u> </u>
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			· · · · · · · · · · · · · · · · · · ·	
	;		itle:	
Address:		Address:		
	, <u> </u>		·	
			<u> </u>	
	<u>EGISTERED AGENT</u> l <u>a street address (P</u> ,O. Box NOT acc			
Name:	Michael Chong	eptable) of the registered a	igent is:	
Address:	9522 Eddings Rd.			
	Odessa, FL 37556			
ARTICLE VII II	CORPORATOR			
	ss of the Incorporator is:			
Name:	Edward Chong			
Address:	9522 Ellinis ORd.			
	Olersa FC 33556			
			stated corporation at the place designat	ed in
this certificate, I am f	amiliar with and accept the appointm	ient as registered agent an	id agree to act in this capacity	
IAAAA A	g-cut-		alanla	
- Mine		•	9/27/12	
· · · ·	Requires Signature/Registered	Agent	Date	
I submit this docume	ent and affirm that the facts stated l	herein are true. I am awa	are that the false information submitted	' in a
	urtment of State constitutes a third de			
J1 40				
CH				

Required Signature/Incorporator

Date