

P13000025903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

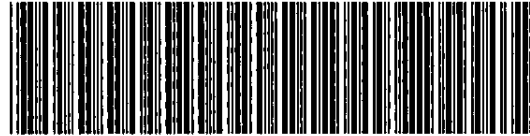
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 19 PM 1:45

W13-131210



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2013

PATRICK LEXIMA  
782 CLYDESDALE DR  
LOXAHATCHEE, FL 33470

SUBJECT: RACHELLE'S GOURMET CATERING CO  
Ref. Number: W13000013126

RECEIVED  
13 MAR 19 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RACHELLE'S GOURMET CATERING CO and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 413A00005231

## COVER LETTER

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

**SUBJECT:** Rachelle's Gourmet Catering Co

(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:** Patrick Lexima

Name (Printed or typed)

782, Clydesdale Dr

Address

Loxahatchee, FL 33470

City, State & Zip

561-385-7857

Daytime Telephone number

plexima@gmail.com

E-mail address: (to be used for future annual report notification)

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

Date: March 14, 2013

To: Florida Department of States

Division of Corporations

Subject: Rachelle's Gourmet Catering Co

Ref. Number: W13000013126

Letter# 413A00005231

Please find enclosed a letter attesting that the dissolved corporation Rachelle's Gourmet Catering CO has provided a letter attesting that they have no intention of reinstating, therefore releasing the name for use.

Find also enclosed our document resubmitted for processing.

Thank you,

A handwritten signature in black ink, appearing to read 'Patrick Lexima', written over the 'Thank you,' text.

Patrick Lexima

**ARTICLES OF INCORPORATION**

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 19 PM 1:45

**ARTICLE I NAME**

The name of the corporation shall be: Rachelle's Gourmet Catering Co

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

782 Clydesdale Drive

Loxahatchee FL 33470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The company is organized to perform and any and all lawful acts pertaining to the management of \_\_\_\_\_

any lawful business as well as to engage in and to do all lawful act concerning any and all lawful \_\_\_\_\_

business for which a Corporation may be organized under the Florida Law \_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: One thousand (1,000 shares)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rachelle Lexima- President

Name and Title: Patrick Lexima

Address 782, Clydesdale Drive

Address: 782, Clydesdale Drive

Loxahatchee, FL 33470

Loxahatchee, FL 33470

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13 MAR 19 PM 1:46

**ARTICLE VI REGISTERED AGENT**

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

Name: Patrick Lexima  
Address: 782 Clydesdale Drive  
Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patrick Lexima  
Address: 782 Clydesdale Drive  
Loxahatchee, FL 33470

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

2/27/2013

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

2/27/2013

\_\_\_\_\_  
Date