

P14000046524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

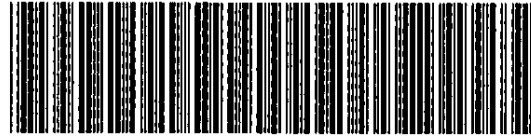
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 5/29

## COVER LETTER

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

**SUBJECT:** READY FED GO, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** TARA MOSES  
Name (Printed or typed)  
3666 BONAVENTURE CT  
Address  
SARASOTA, FLORIDA 34243  
City, State & Zip  
941-323-5977  
Daytime Telephone number  
MOSES.TARA@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

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

The name of the corporation shall be:

Principal **street** address

**Mailing address, if different is:**

### **ARTICLE III PURPOSE**

## CATERING

**The purpose for which the corporation is organized is:**

**The number of shares of stock is:**

**TARA MOSES**

**Name and Title:**

**Name and Title:**

### Address

**Address:**

**Name and Title:**

**Name and Title:**

### Address

**Address:**

**Name and Title:**

**Name and Title:**

### Address

**Address:**

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TALLAHASSEE, FLORIDA

(conti.)

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Tara Moses  
Address: 3666 Bonaventure Ct  
Sarasota, FL 34243

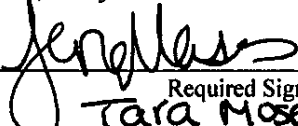
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tara Moses  
Address: 3666 Bonaventure Ct  
Sarasota, FL 34243

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*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  
Tara Moses

5-22-2014

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  
Tara Moses

5-22-2014

Date