P14005330/

| (Re | equestor's Name) | |
|-------------------------|------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer; | |
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| | | |

Office Use Only

JII/ WHOPS



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05/09/14--01015--014 **78.75

14 JUN 16 PH 12: 50



COVER LETTER

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

| SUBJECT: | The Katerina | Company ATE NAME - MUSTINCL | | | |
|---|--|--|---|--|--|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST/INCL</u> | UDE 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 ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED | | |
| FROM: | Nikitas Ka | e (Printed or typed) | | | |

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

14 JUN 16 PH 12: 50

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2014

NIKITAS KAVOUKLIS 1401 POINSETTIA AVENUE TARPON SPRINGS, FL 34689

SUBJECT: THE CATERING COMPANY

Ref. Number: W14000030493

We have received your document for THE CATERING COMPANY and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Letter Number: 314A00010361

Sylvia Gilbert Regulatory Specialist II New Filing Section SEDWA TANA PROPERTY SEDWA

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address ARTICLE III PURPOSE The purpose for which the corporation is organized is: To orovid ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS S Name and Title: Presiden Address _ Address: Name and Title:____ Name and Title:____ __ Address: Address Name and Title: Name and Title: Address Address:

ARTICLES OF INCORPORATION

| Name and Title: Name and Title: | | | |
|---------------------------------|---------------------------|--|-----------|
| Address Address: | | Address: | |
| | | | |
| | | | |
| | | | |
| ARTICL | E VI REGISTERED | AGENT | |
| | | ss (P.O. Box NOT acceptable) of the registered age | ent is: |
| Name: | Nikitas | i Kavoulchi's | |
| Address: | 1401 P | oincettia Are | |
| | Tarpon | Springs, FL 34689 | |
| <u>ARTICL</u> | E VII INCORPORAT | <u>or</u> | |
| The name | and address of the Incorp | | |
| Name: | Nikit | as Kavoublis | |
| Addr | ess: <u>1401</u> | Poinsettia Are | |
| | Tarp | Poinsettia Are on Springs, FL 34689 | |
| | | gent to accept service of process for the above standaccept the appointment as registered agent and | |
| | -2 | 7 | 5/27/2014 |
| | Required | Signature/Registered Agent | Date |
| | | that the facts stated herein are true. I am aware e constitutes a third degree felony as provided for | |
| | 20 | | 5/27/2014 |
| | Require | d Signature/Incorporator | Date |