

P1400052301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

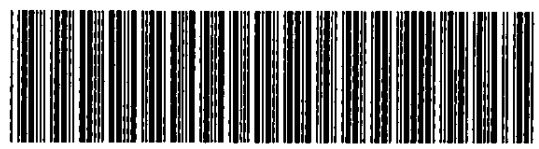
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

W14-30493



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

STATE TAX DEPARTMENT  
DIVISION OF REVENUE  
14 JUN 16 PM 12:50

**COVER LETTER**

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

SUBJECT: The Katering Company  
(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: Nikitas Kavouklis  
Name (Printed or typed)

1401 Poinsettia Avenue  
Address

Tarpon Springs, FL 34689  
City, State & Zip

(727) 946-0967  
Daytime Telephone number

nikitaskavouklis@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN 16 PM 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

14 JUN 16 PM 2:59  
SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

RECEIVED

①

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 314A00010361

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

FALL  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN 15 PM 12:50

**ARTICLE I NAME**

The name of the corporation shall be: The Katering Company

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1401 Poinsettia Avenue  
Tarpon Springs, FL 34689

1401 Poinsettia Ave  
Tarpon Springs, FL 34689

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide a professional and respectable catering experience.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Nikitas Kavouklis Name and Title: President

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

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

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

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

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

(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:

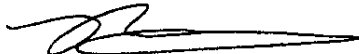
Name: Nikitas Kavoulis  
Address: 1401 Poinsettia Ave  
Tarpon Springs, FL 34689

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nikitas Kavoulis  
Address: 1401 Poinsettia Ave  
Tarpon Springs, FL 34689

*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*

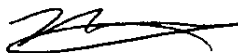


Required Signature/Registered Agent

5/27/2014

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

5/27/2014

Date