P14+000087733

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
WH-61	0469	

Office Use Only



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10/02/14--01014--006 **78.75

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	atering INC	<u> </u>
	(PROPOSED CORPORA	ATE NAME J <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i 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 CO	
FROM:	Francexo poglo Mam	e (Printed or typed)	
	036 N. 14136/m	Address	
	Clearwater FL. City	Š3つ5 5 , State & Zip	
	727-710-35 Daytime	6 4 Telephone number	
	F-mail address: (toda us	99@ Gmaj/	. Com

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



October 3, 2014

FRANCESCO POALO MANTIONE 2036 N. HIGHLAND AVE CLEARWATER, FL 33755

SUBJECT: VINCENZO'S CATERING INC.

Ref. Number: W14000060469

We have received your document for VINCENZO'S CATERING INC. 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 914A00021231

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

The name of the corpora	tion shall be: VINCENZ	o's Cati	ERING INC.	
ARTICLE II PRI		Mai	ling address, if different is:	
ARTICLE III PUR The purpose for which of	POSE the corporation is organized is:	Patering	Food to	
ARTICLE IV SHA			14 OCT 27 PM 1:41 SECHETARY OF STATE ALLAHASSEE FLORID	- AFRICA
ARTICLE V INT Name and Tith Address	TIAL OFFICERS AND/OR DIRECTOR E: FRONCESCO MONTMANE 2036 N. Highland Ave Clearwater FL 3375	Name and Title: Address:		
Name and Title Address		Address:		
Name and Title	:	Name and Title:		·
		_		



(conti.)

Name and Title:	_ Name and Tit	14 OCT 27 PM 1:44			
Address	Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	of the registered a	agent is:			
Name: Inchara longs Address: 106 Hanaoch Pine	~-				
Address: 106 Hanaock Pine	ALV				
Clearwater, FC 33	26/				
ARTICLE VII INCORPORATOR					
The name and address of the Incorporator is:					
Name: Francesco Mantiène	_				
Address: 2036 N. High Land Ave	<u></u>				
Clearwater, Pl 3375.	5				
Having been named as registered agent to accept service of proce this certificate, I am familiar with and accept the appointment as r	ss for the above egistered agent a	stated corporation at the place designated in nd agree to act in this capacity			
House		10-22-14.			
Required Signature/Registered Agent		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.					
Elali		9/29/14			
Required Signature/Incorporator	· · ·	Date			