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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
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Fax Number : (305) 633-9696

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 17 PM 1:12

APPROVAL
AND
FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
M.A.D. CHEF CATERING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

84324

RECEIVED

14 NOV 17 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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(2)

COVER LETTER

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

SUBJECT: M.A.D. Chef Catering, 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
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: Warren Shapp CPA
Name (Printed or typed)

5617 NW 7th Ave
Address

Miami FL 33127
City, State & Zip

305 751 4551
Daytime Telephone number

W.Shapp@bellsouth.net
E-mail address: (to be used for future annual report notification)

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

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: M.A.D. Chef Catering, Inc.

14 NOV 17 PM 1:12

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1056 NW 111st
Miami FL 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Catering

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Dawson - President Name and Title: _____

Address: 1056 NW 111 Street Address: _____
Miami, FL 33168

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED (cont.)

14 NOV 17 PM 1:12

Name and Title: _____	Name and Title: <u>SECRETARY OF STATE</u>
Address: _____	Address: <u>TALLAHASSEE, FLORIDA</u>
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Mark Dawson
Address: 1056 NW 111 Street
Miami, FL 33168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Warren Sharpp
Address: 5617 NW 7th Avenue
Miami, FL 33127

Having been named as registered agent to accept service of process for the above stated corp. vation 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.

Mark Dawson
Required Signature/Registered Agent

11/14/14
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.

Warren Sharpp
Required Signature/Incorporator

11-14-2014
Date

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