

03 12:50 PM MAIL OFFICE BIG SERVICES 786 631 p.01  
 3/14/15  
**P/5000025271**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000065207 3)))



H150000652073ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : SMALL OFFICE BIG SERVICES INC  
 Account Number : I20140000022  
 Phone : (786)683-0061  
 Fax Number : (866)797-6507

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Smallofficebigservice@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 DELICIAS YK, INC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

RECEIVED  
 15 MAR 16 AM 7:59  
 MAIL ROOM  
 TALLAHASSEE, FLORIDA

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 15 MAR 16 AM 8:49

*2* 03/17/15

((H15000065207 3)))

ARTICLES OF INCORPORATION

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

ARTICLE I NAME DELICIAS YK, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10825 SW 4 ST
MIAMI, FL 33174

10825 SW 4 ST
MIAMI, FL 33174

ARTICLE III PURPOSE CATERING SERVICES

The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIRENIA LINARES/PRESIDENT

Name and Title:

Address 80 NW 31ST AVE APT 5
MIAMI, FL 33125

Address:

Name and Title: YINEAL GOVIN/VICE PRESIDENT

Name and Title:

Address 10825 SW 4 ST
MIAMI, FL 33174

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAR 16 AM 8:49

((H15000065207 3)))

((H15000065207 3)))

(cont.)

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: KIRENIA LINARES  
 Address: 80 NW 31ST AVE APT 5  
MIAMI, FL 33125

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 15 MAR 16 AM 8:49

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SMALL OFFICE BIG SERVICES INC  
 Address: 636 SW 109 AVE  
MIAMI, FL 33174

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

3/14/2015  
 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

3/14/2015  
 Date

((H15000065207 3)))