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(Requestor's Name)

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16 MAR 29 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Culligan APR - 4 2016

COVER LETTER

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

SUBJECT: IN HOME DINING CORPORATION

(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: ORLIN MCLENDON

Name (Printed or typed)

1889 BREEZY LANE

Address

WEST PALM BEACH, FL 33417

City, State & Zip

561.358.6107

Daytime Telephone number

RIYAAZ57@AOL.COM

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)

ARTICLE I NAME

The name of the corporation shall be: IN HOME DINING CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

1889 BREEZY LANE

WEST PALM BEACH, FL 34317

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PERSONAL CHEF

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ORLIN MCLENDON

Name and Title: CEO

Address 1889 BREEZY LANE

Address: _____

WEST PALM BEACH, FL 33417

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ORLIN MCLENDON
Address: 1889 BREEZY LANE
WEST PALM BEACH FL 33417

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ORLIN MCLENDON
Address: 1889 BREEZY LANE
WEST PALM BEACH FL 33417


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 _____
Required Signature/Registered Agent 3-24-2016
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 3-24-2016
Date

SIGN HERE

SIGN HERE