

P160000 31778

(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



700284067867

04/05/16--01008--016 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR -5 AM 10:55

COVER LETTER

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

SUBJECT: Cuban Cracker 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: Victor Louis Sanchez
Name (Printed or typed)

6503 N. Orange Blossom Tr
Address

Orlando, FL 32810
City, State & Zip

407-810-6879

Daytime Telephone number

cubancracker catering @ aol. com

E-mail address: (to be used for future annual report notification)

16 APR -5 AM 10:55

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Cuban Cracker Catering, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address: 6503 N. Orange Blossom Tr
Orlando, FL 32810

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Catering Company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor Luis Sanchez P/V Name and Title: _____
Address: 6503 N. Orange Blossom Tr Address: _____
Orlando, FL 32810

Name and Title: Cherie D. Wilcox T/S Name and Title: _____
Address: 479 Esplanade Lakes Cir Address: _____
Chuluota, FL 32714

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

16 APR - 5 AM 10:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Victor Louis Sanchez
Address: 6503 N. Orange Blossom Tr
Orlando, FL 32810

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR -5 AM 10:55

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Victor Louis Sanchez
Address: 6503 N. Orange Blossom Tr
Orlando, FL 32810

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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature/Registered Agent

3/30/2014
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.

[Signature]
Required Signature/Incorporator

3/30/14
Date