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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 11 AM 12:10

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
MGB CATERING, INC

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

109161

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

4

H16000089881

COVER LETTER

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

SUBJECT: **MGB 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: **JAMES D. FULFORD**

Name (Printed or typed)

2510 N.W. 187 STREET

Address

MIAMI GARDENS, FLORIDA 33056

City, State & Zip

305-621-2001

Daytime Telephone number

LUCKY@LUCKYGAMING.COM

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

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

MGB

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: MGB CATERING, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

2510 N.W. 187 STREET
MIAMI GARDENS, FLORIDA 33056

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business.

16 APR 11 AM 12:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES D. FULFORD, PRES

Address: 2510 N.W. 187 STREET
MIAMI GARDENS, FLORIDA 33056

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

MGB

(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: JAMES D. FULFORD
Address: 2510 N.W. 187 STREET
MIAMI GARDENS, FLORIDA 33056

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES D. FULFORD
Address: 2510 N.E. 187 STREET
MIAMI GARDENS, FLORIDA 33056

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

4-11-2016
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

4-11-2016
Date

161623