

P16000063245

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

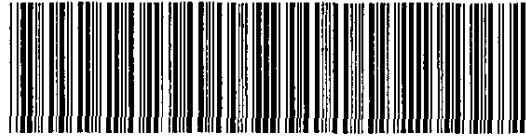
Special Instructions to Filing Officer:

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W16000063245/98

AUG 02 2016

SCOTT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2016

EDDY ANDRE
10946 NW 14 AVENUE APT K202
MIAMI, FL 33167

SUBJECT: ANDRE'S CATERING SERVICES INC.
Ref. Number: W16000045198

We have received your document for ANDRE'S CATERING SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 116A00013373

RECEIVED
AUG - 1 PM 3:55

COVER LETTER

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

SUBJECT: ANDRE'S CATERING SERVICES 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

| | |
|--|--|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: EDDY ANDRE
Name (Printed or typed)
10946 NW 14 AVENUE APT. K202
Address
MIAMI, FLORIDA 33167
City, State & Zip
305-985-8338
Daytime Telephone number
andreeddy@hotmail.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: ANDRÉ'S CATERING SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

10946 NW 14 AVENUE APT. K202

MIAMI, FLORIDA 33167

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CATERING/FOOD PREPARATION

ARTICLE IV SHARES

The number of shares of stock is: HUNDRED (100) SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDDY ANDRE

Name and Title: _____

Address PRESIDENT

Address: _____

10946 NW 14 AVENUE APT. K202

MIAMI, FLORIDA 33167

Name and Title: ANDRISE ANDRE

Name and Title: _____

Address ~~EDDY ANDRE~~ V.P.

Address: _____

10946 NW 14 AVENUE APT. K202

MIAMI, FLORIDA 33167

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 AUG - 1 AM 10:05

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: ANDRISE ANDRE

Address: 10946 NW 14 AVENUE APT. K202

MIAMI, FLORIDA 33167

ARTICLE VII INCORPORATOR

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

Name: EDDY ANDRE

Address: 10946 NW 14 AVENUE APT. K202

MIAMI, FLORIDA 33167

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

Andrise Andre

Required Signature/Registered Agent

6/14/2016

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.

[Signature]
Required Signature/Incorporator

6/14/2016
Date