

P16000071605

(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:

W16-56618

Office Use Only



200288387692

08/05/16--01012--020 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 29 AM 11:16

FILED

17

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

CATERING CONCEPTS

**SUBJECT:** \_\_\_\_\_  
(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: CECILIA SOSA  
\_\_\_\_\_  
Name (Printed or typed)  
  
533 N.W 40 ST.  
\_\_\_\_\_  
Address  
  
MIAMI, FLORIDA 33127  
\_\_\_\_\_  
City, State & Zip  
  
305- 323- 0770  
\_\_\_\_\_  
Daytime Telephone number  
  
ceciliasosa123@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2016

CECILIA SOSA  
533 N.W. 40 ST.  
MIAMI, FL 33127

SUBJECT: CATERING CONCEPTS  
Ref. Number: W16000056618

We have received your document for CATERING CONCEPTS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 216A00017229

**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:

CATERING CONCEPTS

*Inc.*

FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2016 AUG 29 AM 11:16  
MAILING address, if different is:

533 N.W. 40 ST. MIAMI, FLORIDA 33127

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

CATERING SERVICES & EVENT PLANNING

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CECILIA SOSA ( PRESIDENT)

Address 533 N.W. 40 ST

MIAMI, FLORIDA 33127

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED

2016 AUG 29 AM 11:16

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CECILIA SOSA

Name: \_\_\_\_\_

533 N.W. 40ST. MIAMI, FLORIDA 33127

Address: \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CECILIA SOSA

Name: \_\_\_\_\_

533 N.W. 40 ST.

Address: \_\_\_\_\_

MIAMI, FLORIDA 33127

**ARTICLE VIII EFFECTIVE DATE:** 8/2/16

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*

  
Required Signature/Registered Agent

8/2/16  
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

8/2/16  
Date