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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI NUTRITION CATERING, INC Certificate of Status Certified Copy Page Count Estimated Charge

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
Miami Notation Catering, Inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
2015W 52 LT	
Miami, FL 33134	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Alexander ALBERTO SANTANA (P)	
Davana Aeaulo (VP) ===	
	ŧ
	and to
DE -	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
ALEJANDRO ALBERTO SANTANA	
<u>201 SW 52 G</u>	
MIAM! FL 33134	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: A LEJANDRO ALBERTO SANTANA	2
201 SW 52 CT	
miam FL 33134	

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Required Signatures:

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

LAZARUS

Juli Registered Agent 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.

Incorporator Date

17 MAY II AM IO: 21
STORE PRESCRIPTION OF STATE OR STATE