

**P1900006809**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : DESIGNING ERIN LLC  
Account Number : I20180000073  
Phone : (305)621-2001  
Fax Number : (754)400-8977

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

Email Address: ERIN@DESIGNINGERIN.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**HIA Catering Inc**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2019 JAN 24 PM 4:00

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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT:** HIA 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:** Designing Erin LLC

Name (Printed or typed)

344 NE 2nd Court

Address

Dania, FL 33004

City, State & Zip

305-621-2001

Daytime Telephone number

ew\_3030@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: HIA Catering Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7565 West 20th Avenue

18320 NE 1st Court

Hialeah, FL 33014

Miami, FL 33179

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Erin Westmoreland, President

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

Address 18320 NE 1st Court

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

Miami, FL 33179

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: Erin Westmoreland

Address: 18320 NE 1st Court

Miami, FL 33179

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Erin Westmoreland

Address: 18320 NE 1st Court

Miami, FL 33179

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: January 21st, 2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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] 1/24/19

Required Signature/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.*

[Signature] 1/24/19

Required Signature/Incorporator Date