

P190001350613ABC

Florida Department of State
Division of Corporations
Electronic Filing Center

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000135061 3)))



H190001350613ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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
ST MICHEAL THE ARCHANGEL CATERING CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
2019 APR 24 PM 4:44

ST MICHEAL THE ARCHANGEL CATERING CORP

19 APR 24 AM 8:59
SECRETARY OF STATE
ST MICHAEL THE ARCHANGEL CATERING CORP

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:St Michael the Archangel Catering Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

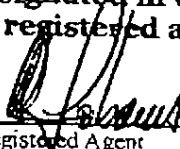
300 NW 28 Ave, Miami FL 33125**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yobanis Rafael Limonta Caro (P)SECRETARY OF STATE
NOTARIES
19 APR 24 AM 8:59
LCL**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yobanis Rafael Limonta Caro
300 NW 28 Ave
Miami, FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yobanis Rafael Limonta Caro
300 NW 28 Ave

Required Signatures:

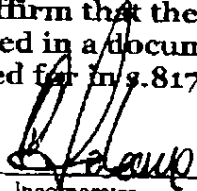
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent04/24/2019

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 § 817.155, F.S.



Incorporator04/24/2019

Date

FILED
19 APR 24 AM 8:59
CLERK OF STATE
TAMMASEE FL 0000