Division of Corporations Electronic Filing Cover Sheet

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.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number: 120080000067 Phone : (945) 425-0077

Fax Number

: (845)818-3588

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

Sec. 41	Address:			
cand 1 1	MUCLESS.			

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	CIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:				
964 Grupper Avenu	ie	650NE	650NE 176th Street				
tler Bay, FL 33189		Miami, I	Miami, FL 33162				
TICLE III PURE	POSE the corporation is organized is:						
od/catering							
		·					
				The second secon	19 S		
				<u> </u>	<u> </u>		
					Ç. Ç.	-	
TICLE IV SHALE number of shares of	f stock is:				4. CU		
TICLE V INITI	AL OFFICERS AND/OR DIRECTORS	Σ					
Name and Tit	Name and Title: Domingo Gonzalez, President		Name and Title: Domingo Gonzalez, Director				
	200646						
Address	20964 Grupper Avenue	Address:	20964 Grupp	er Avenue			
Address	Cutler Bay, FL 33189	Address:	20964 Grupp Cutler Bay, I				
Address							
	Cutler Bay, FL 33189		Cutler Bay, I	FI. 33189			
	Cutler Bay, FL 33189	Name and Title	Cutler Bay, I	FI. 33189			
Name and Titl	Cutler Bay, FL 33189	Name and Title	Cutler Bay, I	F1. 33189			
Name and Titl Address	Cutler Bay, FL 33189	Name and Title Address:	Cutler Bay, I	FI. 33189		_	
Name and Titl Address	Cutler Bay, FL 33189	Name and Title Address: Name and Title	Cutler Bay, I	FI. 33189			

Name and Title:		Name and Title:	Name and Title:			
Addres		Address:				
						
400000 E 10	DECIONEDED 4000M					
ARTICLE VI The name and I	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:				
Name:	Vcorp Services, LLC					
Address:	5011 South State Road 7, Suite 106					
	Davic, FL 33314		11. SEP			
			5 5			
ARTICLE VII	INCORPORATOR					
The name and a	ddress of the Incorporator is:		in Ex			
Name:	Domingo Gonzalez		9.			
Address:	20964 Grupper Avenue		\$7			
	Cutter Bay, FL 33189					
ARTICLE VIII Effective date i	EFFECTIVE DATE: f other than the date of filing:	(OPTIONA)	! \			
(If an effective filing.)	date is listed, the date must be specific and c	annot be more than five days	prior or 90 days after the			
	e inserted in this block does not meet the applic	rable statutory filing requireman	are this date will not be listed on			
	effective date on the Department of State's reco		its, and the will not be listed as			
	med as registered agent to accept service of pr am familiar with and accept the appointment					
	ma much		9/5/2019			
	Required Signature/Registered Agent		Date			
I submit this do	cument and affirm that the facts stated herein	are true. I am aware that the	fake information submitted in .			
	Department of State constitutes a third degree					
7-1-			Q 5 10			
1 (1)	ured Signature/Incorporator		Data			