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.

(((H19000272479 3)))



H190002724793ABC8

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

| | Division of Co | | ≱£ |
|-------|----------------|---|-----------------------|
| | Fax Number | : (850)617-6381 | CAE LAF |
| From: | | | |
| | Account Name | : LAZARUS CORPORATE FILING SERVICE, INC. | i ⊀ KY ASSE |
| | Account Number | : I28 000 000019 | |
| | Phone | : (305)552-5973 | ia D© |
| | Fax Number | : (305)675-5944 | (<u></u> |
| | | | \mathfrak{R}^{*} |
| | | s for this business entity to be used For f | <u> </u> |

annual report mailings. Enter only one email address please.**

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION DIVINE PARTY PLANNERS & CATERING SERVICES CORP.

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

Electronic Filing Menu Corporate Filing Menu

Help

٠.

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is: | |
|---|------------|
| Divine Party Planners & Catering Beruces ARTICLEII PRINCIPAL OFFICE: COP. | - |
| ARTICLE II PRINCIPAL OFFICE: | J |
| The principal street address and mailing address is: | |
| 8890 SW 24 St | |
| Suite 200 | |
| 8890 SW 24 St Suite 200 Mianu Florida 33165 | |
| ARTICLE III SHARES: The number of shares of stock is: | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE S: | |
| Glenda Fornaris Brito (P) | |
| A CO: | S 6107 |
| | SEP SEP |
| | _ |
| | ;; ;; |
| | 節節 |
| | |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: | |
| Glenda Fornaris Brito | |
| 8890 Su 245t Suite 206 | |
| Miami Florida 33165 | |
| | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: | |
| Glenda Fornaris Brito | |
| 8890 SW 245+ SUHE 2015 | |
| Miami Florida 33165 | |

Required Signatures:

| Having been named as registered agent to accept service of person of the place designated in this certificate, I am appointment as registered agent and agree to act | amiliar with and accept the |
|---|--|
| Registered Agent | 09/11/2019 |
| I submit this document and affirm that the facts stated herein the false information submitted in a document to the Depart third degree felony as provided for in s.817.155, F.S. | n are true. I am aware that ment of State constitutes a |
| Incorporator | 09/11/2019 · |