

Florida Department of State
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.

((H20000139123 3)))



H200001391233ABCV

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2020 MAY 11 PM 1:45

FILED

****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
BUTTER AND HERBS CATERING INC

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

2020 MAY 11 PM 5:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

JSK
 5/12/2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Butter and Herbs Catering INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3766 SE 2 driveHomestead FL 33033**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jaime Arturo Díaz Sanchez (P)Richard Rodríguez (VP)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAY 11 PM 1:45

FILED

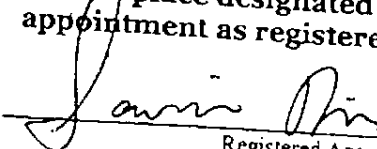
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

3766 SE 2 DRIVEHOMESTEAD FL 33033JAIME ARTURO DIAZ SANCHEZ**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jaime Arturo Díaz Sanchez3766 SE 2 driveHomestead FL 33033

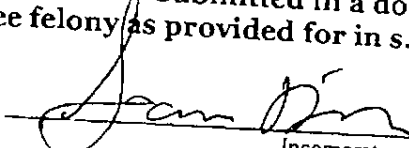
Required Signatures:

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 Agent

5/11/20
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

5/11/20
Date

FILED

2020 MAY 11 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA