## Pa100005597

| (Red                      | questor's Name)    |             |
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| (Add                      | dress)             |             |
| - (Add                    | dress)             |             |
| (City                     | y/State/Zip/Phon   | e #)        |
| PICK-UP                   | ☐ WAIT             | MAIL        |
| (Bus                      | siness Entity Na   | me)         |
| (33.                      | Sinoso Entity Ivo. | c,          |
| (Do                       | cument Number      | )           |
| Certified Copies          | _ Certificate      | s of Status |
| Special Instructions to f | Filing Officer:    |             |
|                           |                    |             |
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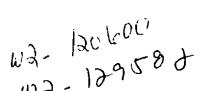


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AH AHASSEE, T. GO.

2021 JAN 28 AM 9: 05



## **COVER LETTER**

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

Enclosed is 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

☐ \$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

NOTE: Please provide the original and one copy of the articles.

## **COVER LETTER**

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

| SUBJECT: Decorento Catering Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) |  |   |   |  |
|--|--|---|---|--|
|  | (PROPOSED CORPORA)                           | E NAME - MOST INCLU                               | JDE SUFFIX)   |  |
| Enclosed are an origin   | al and one (1) copy of the artic             | eles of incorporation and                         | a check for:  |  |
| □ \$70.00<br>Filing Fee  | □ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy  ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |  |
| FROM: Elsie MoReau Pierre  Name (Printed or typed)  10221 SW 1594  Address       |  |   |   |  |
| Pembroke Pines F1 33025<br>City. State & Zip                                     |  |   |   |  |
| (9.54) 549-5730<br>Daytime Telephone number                                      |  |   |   |  |
| E-mail address: (to be used for future annual report notification)               |  |   |   |  |
| NO   | OTE: Please provide the or                   | iginal and one copy of                            | otification) AN 28 AM 9: ( the articles.                              |  |

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

| ARTI€LE I NAME The name of the corporat      | ion shall be: DECORENT                        | Cater                    | ing Inc                 | 2.5                                   |            |
|--|---|--------------------------|-------------------------|---------------------------------------|------------|
| ARTICLE II PRINC                             |   |                          | Mailing address, if did |                                       | ⊋<br>3302  |
| ARTICLE III PURPO<br>The purpose for which t | DSE he corporation is organized is:           | PROVIO                   | le Food                 | gna                                   | _          |
| _Bever                                       | ages.   |                          |                         |                                       |            |
|  |   |                          |                         |                                       |            |
|  |   |                          |                         |                                       |            |
|  |   |                          |                         |                                       | _          |
| ARTICLE IV SHARA The number of shares of     |   |                          |                         |                                       |            |
| ARTICLE V INITIA                             | LOFFICERS AND/OR DIRECTORS ELSIE HOREOU PERRE | Resident                 | ,                       | 2021 JAN                              | <u>;</u> - |
| Name and Title Address                       | Elsie Horeau Trarei                           | Name and Title: Address: |                         | M 28 AM                               | ;          |
|  | Pembroke Pines                                | -                        |                         | ¥ 9; U5                               |            |
|  | F1 33025                                      | -                        |                         | · · · · · · · · · · · · · · · · · · · |            |
| Name and Title: Address                      |   |                          |                         |                                       |            |
|  |   | -                        |                         |                                       |            |
|  |   | -                        |                         |                                       |            |
| Name and Title                               | i <u></u>                                     | _ Name and Title:        |                         |                                       | —          |
| Address                                      |   | _ Address:               |                         | <u> </u>                              |            |
|  |   | _                        |                         |                                       | <u> </u>   |

| Name and Title:  | Name and Title:   |
|--|---|
| Address  | Address:  |
|  |   |
|  |   |
|  |   |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO                                 | T acceptable) of the registered agent is:   |
|  | u Pierre  |
| Address: [022] SW [  | <u>5 st</u>   |
| Pembroke Pine  |   |
| ARTICLE VII INCORPORATOR   |   |
| The <u>name and address</u> of the Incorporator is:  | ().   |
| Name: Elsie Horea  | u Pierre  |
| Address: 10221 SW1   | 5 st = 3  |
| Pembroke P   | ines El 33025   |
|  | 2 2 2 · · · · · · · · · · · · · · · · ·   |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:                               | <u> </u>  |
| (If an effective date is listed, the date must be spe filing.)   | cific and cannot be more than five days prior or 90 days after the  |
| Note: If the date inserted in this block does not mee the document's effective date on the Department of     | et the applicable statutory filing requirements, this date will not be listed as  |
|  | vice of process for the above stated corporation at the place designated in this<br>tment as registered agent and agree to act in this capacity |
| (D)  | 01/22/2   |
| Required Signature/Regist  | dered Agent $\frac{O/(23)(202)}{Date}$  |
| I submit this document and affirm that the facts sta<br>document to the Department of State constitutes a th | ated herein are true. I am aware that the fulse information submitted in a  |
| ancument to the Department of State Constitutes a th   |   |
| Required Signature/Incorporator  | $Date = \frac{O(1/2.3)202}{1000}$   |