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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Bu	siness Entity Nar	ne)
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Continue Continu	Cortificator	of Status
Certified Copies	_ Centificates	5 01 518105
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Special Instructions to	Filing Officer:	
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Office Use Only



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2021 JUN 24 AM 9: 2821 JUN 24 AM 9: 25 SECRETARY OF STAMP. SECRETARY OF STAMP. SECRETARY OF STAMP. 06/24/21—01004—014 06/24/21—01004—014

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

oselo's Food and Catering Inc	
OSCIO S I COM MILL CARREST	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	
	Merger File Art. of Amend. File
	-
	RA Resignation Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Ficutious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: Seth 06/23/21	UCC 1 or 3 File
	UCC Search
Name Date Time	UCC Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

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

SUBJECT:	Joselu's Food and Catering, Inc.			
SUBJECT:	(PROPOSED CORPORA	TE NAME - MUSTINCLI	<u>JDE SUFFIX</u>)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:	15100 NW (Address Media	ile 200	
	Milmi La	(MS, FL 3301 State & Zip	4	
_		31 - 2438 Telephone number		
_	E-mail address: (to be us	100 C ed for future annual report	notification)	

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

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

CLE II PRINCIPAL OFFICE	Mailing address, if different is:
Principal street address	Maning address, it different is:
Principal street address 181 Bidge I and Drive Cutler Bay, FL 33157	
utler 1844, PC 33137	<u> </u>
CLE III PURPOSE	Service (aleng
CLE III PURPOSE urpose for which the corporation is organized is:	30.100
	· · · · · · · · · · · · · · · · · · ·
	<u></u>
	27
	- <u>(7) (2)</u>
HCLE IV SHARES number of shares of stock is: 000	کے انتہا انتہا
ICLE <u>V INITIAL OFFICERS AND/OR DIB</u>	Colon, President Colon, President Address: 33157
lose Luis O m	COLON President
Name and Title: O'C Carr Diff.	J same and the.
Address 8731 Mid Cyclon	Address:
Caller Paul Fl	<u> </u>
CUTIU DUUL I'	
CUTTV DAY, 10	
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Name and Title:Address	Name and Title: Address: Name and Title:

Name and Titl	le:Name and Title:	
Address		
ARTICLE VI REG	IISTERED AGENT la street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Jonathan Steshwiski, Escy	ABO SEC
Address:	15,00 Nw 67" Ave., Suite 200	
Address.	Jonathan Stesawski, Esy. 15100 Nw 67th Are., syite 200 Migmi Lakes, Fr. 37014	2021 JUN 24 AM 9: 25 SECRETAGE OF STATE TALL ARMSSEE, FL
_		第二年 5
<u>ARTICLE VII INC</u>		9: 25 STAT
The name and addre	ess of the Incorporator is:	m
Name: (DNUThun Hesze ws Ci, Es g.	
Address:	DNATHUM STESSE WSKI, ESG. 15100 NW 107+4 Ave. Suite 200 Milmi Lakus Fr 33014	
	Mimi Lakus Fr 33014	
comes called the	TENCTIVE DUTE.	
ARTICLE VIII EF Effective date, if oth	FFECTIVE DATE: ner than the date of filing: e is listed, the date must be specific and cannot be more than five days prior or 90 days	s after the
(If an effective date filing.)	e is listed, the tiate must be specific and cuming be made of	
Note: If the date ins the document's effect	serted in this block does not meet the applicable statutory filing requirements, this date will betive date on the Department of State's records.	not be listed as
Having been named certificate, I am fam	I as registered agent to accept service of process for the above stated corporation at the place williar with and accept the appointment as registered agent and agree to act in this capacity	designated in this
	4/2:	3/21
	Required Signatura Registered Agent	laate
I submit this docum	ment and affirm that the facts stated herein are true. I am aware that the false information partment of State constitutes a third degree felony as provided for in s.817.155, F.S.	in submitted in a
aorament to me Def	1.1:	23/21
Required Signature	e/Incorporator Date	