Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)517-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail .	Address:		
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FLORIDA PROFIT/NON PROFIT CORPORATION MY WAY CATERING & EVENTS CORP

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

V^{-}	vay latering & Events corp	
•	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
	8620 Sw 87 ave	
	Miami F1 33173	
ART	CLE III SHARES: The number of shares of stock is:	
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
· _	lakuel Almendral Jr (P)	
-		
_		7.7
AR	ICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	0.5
	ume and Florida street address (PO Box not acceptable) of the registered agent i	
ĩ	afael Almendral Jr	Ċ
	St. 20 Six CT OVE	<u> </u>
	0620 000 81 AVC	
	Miami Fl 33173	
AD	CITY INCORPORATOR The 3 - 13 (a) - 1	
AK	CLEVI INCORPORATOR: The name and address of the Incorporator is):
_	Ø 30 C : C = 0 C	
_	8620 SW 87 AVE	
	Miami F1 32173	

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a pocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date

To: 18506176381 From: 12147128131 Date: 01/20/22 Time: 9:44 PM Page: 01/03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

CLARKSON ENTERPRISES, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

7235 CATALINA STREET SPRING HILL, FLORIDA 34606

<u>ARTICLE III - REGISTERED AGENT AND OFFICE</u>

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

JUSTIN CLARKSON 7235 CATALINA STREET SPRING HILL, FLORIDA 34606

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 605, FLORIDA STATUTES.

DATED: 1/20/2022

STIN CLARKSON

To: 18506176381 From: 12147128131 Date: 01/20/22 Time: 9:44 PM Page: 02/03

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ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGER/MEMBER:

JUSTIN CLARKSON

7235 CATALINA STREET

SPRING HILL, FLORIDA 34606

DATED: 1/20/2022

JUSTIN CLARKSON

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.