# P9500047980

TRANSMITTAL LETTER

FILED

95 JUN 16 PH 1: 06

SEGRETA Y CONTAINE
TALLAHA JONE, FLORIDA

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

SUBJECT:	(proposed corporate name)	NG INC.
	ne find an original and one (1) copy of the articles or tion and check in the amount of \$	f incorporation for the
		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
FROM:	SANDRA CONSIGNIO	· ·
	Address . SPRINGTREE DR. #3	0.5.B
	City, State, & Zip	<del></del>
	Telephone Number	<del></del>

Note: Additional copy of articles is needed only when certified copy is requested.

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### ARTICLES OF INCORPORATION

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#### ITALIAN STALLION CATERING TAK

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE | NAME

The name of the corporation shall be:

ITALIAN STALLION CATERING INC

#### ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2664 NW 31STAVE. LAUDERDALE LAKES, FI 33311

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES

#### **ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

SANDRA CONSIGLIO 8481 SPRINCTREE DRIVE #305B SUNRISE, F/ 33311

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(ere):

SANDRA CONSIGLIO 8481 SPRINGTREE DRIVE #305B SUNRISE, FI 33311

The undersigned has (have) executed these Articles of Incorporation this				
/3	day of _	June		
		Sade	Canyle	
		Signa	ture/Title	
		Signa	ture/Title	
		Signa	ture/Title	

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

95 JUN 16 FM 1: 06

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The	name of the corporation is: <u>TTALIAN STALLION CATERING TNC</u>
2. The	name and address of the registered agent and office is:
	SANDRA CONSIGNIO (NAME)
	(P.O. BOX NOT ACCEPTABLE)
	SUNRISE F/ 33351. (CITY/STATE/ZIP)
	(OIT 1/3TATE/ZIF)
	SIGNATURE Sachu Conante (corporate officer)  TITLE PRES.  DATE 6/15/90
	TITLE <u>Peer.</u>
	DATE 6/13/90
PROCES THIS CE AND AG PROVIS FORMAI	BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF SS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN ERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT REE TO AC THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE IONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERNCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION AS REGISTERED AGENT.
	SIGNATURE Sander Covery liv
	DATE

REGISTERED AGENT FILING FEE: \$35.00