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DOLADGE CINNelmin Requestor's Name	97 APR -7 AMII: 08
915 NE 126th St- Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA
N. M. AMI ZP	
City/State/Zip Phone #	Office Use Only
305) 691-082.4 CORPORATION NAME(S) & DOCUMENT NUM	
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	Certificate of Status SOUDO21245357 -03/26/9701067019
Profit Amendment	*****122.50 *****122.50
NonProfit Resignation of R.A., Officer/Direct	tor
Limited Liability Change of Registered Agent	
Domestication Dissolution/Withdrawal Other Merger	
Annual Report	n1 - (n1)
Fictitious Name Foreign	110-41-1
Name Reservation Limited Partnership Reinstatement	1275
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 28, 1997

SOLANGE ZIMMERMAN 915 NE 126 ST N MIAMI, FL 33161

SUBJECT: SOLANGE CATERING INC. Ref. Number: W97000007275

We have received your document for SOLANGE CATERING INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall Document Specialist

Letter Number: 897A00015845

TRANSMITTAL LETTER

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

SOLANGE CATERING # W9700007275 SUBJECT: (Proposed corporate name - must include suffix)

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

□\$122.50 Filing Fee & Certified Copy **\$131.25** Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

SolANGE CATERING INC . Name (Printed or typed) FROM:

915 N.E. 1265+

Address

NORTH MIAM 3316 City, State & Zip

305-891-0826

Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED 97 APR -7 AM 11: 08

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

ARTICLE I NAME The name of the corporation shall be: SolANGE CATERING INC.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

> 915 NorTheast 1265+ NORTH MIAMI, FI. 33161

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> SOLANGE L. ZIMMERMAN 915 N.E. 1865+ NORTH MIAMI FI. 33161

ARTICLE V INCORPORATOR(S) See instructions for officers/directors The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

> SOLANGE L. ZIMMERMAN PRESIDENT 915 N.E. 1265+ N.M. FI. 33161 PETER R. COLMAN VICE-PRESIDENT 915 N.E. 1265+ N.M. FI. 33161

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of APRIL , 19 97

(An additional article must be added if an effective date is requested.)

Salange to Fimmerman	
Signature	
ter Coman	
Signature	

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

FILED

CERTIFICATE OF DESIGNATION OF 97 APR -7 AM 11: 08 **REGISTERED AGENT/REGISTERED OFFICE**

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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>SOLANSE CATERING</u> INC.

2. The name and address of the registered agent and office is:

SOLANGE L. ZIMMERMAN

915 N.E. 1265+ (P. O. Box or Mail Drop Box NOT ACCEPTABLE)

NORTH MIAMI FI. 33161 (CITY/STATE/ZEP)

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Sdange & Zimmerman 4/3/97 (SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314