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TRANSMITTAL LETTER

P98000102007

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



SUBJECT:

PESARE CATERING, INC.

(Proposed corporate name - must include suffix)

300002703563--0 -12/04/98--01087--008 *****78.75 *****78.75

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

□ \$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

ROBERT J. PESARE

Name (Printed or typed)

4716 N.E. SEVENTH STREET

Address

OCALA, FL. 34470

City, State & Zip

(352) - 236 - 7621

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: PESARE CATERING, INC.

ARTICLE II PRINCIPAL OFFICE

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

4716 N.E. SEVENTH STREET OCALA, FL. 34470

ARTICLE III SHARES

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

SIX HUNDRED (600)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ROBERT J. PESARE 4716 N.E. SEVENTH STREET

OCALA , FL. 34470

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ROBERT J. PESARE

4716 N.E. SEVENTH STREET

OCALA/FL.34470

ignature/Incorporator

Date

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

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

Signature/Registered Agent

Date