

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katharine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : INTEGRATED MANAGEMENT GROUP, INC.
Account Number : H9900000058
Phone : (954) 753-6042
Fax Number : (954) 753-1123

FLORIDA PROFIT CORPORATION OR P.A.**GABRIEL CATERING, INC.**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAY 26 PM 1:09

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ARTICLES OF INCORPORATION
OF

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

ARTICLE ONE

NAME

The name of the corporation shall be:
GABRIEL CATERING, INC.
209 SE 7TH STREET
HALLANDALE, FL 33009

ARTICLE TWO

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

209 SE 7TH STREET
HALLANDALE, FL 33009

INTERGRATED MANAGEMENT GROUP, INC.
10139 NW 31ST STREET SUITE 101
CORAL SPRINGS, FL 33065
(954) 753-2222 H990000126823

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TALLAHASSEE, FLORIDA

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ARTICLE THREE

CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

GABRIEL PLANTE
209 SE 7TH STREET
HALLANDALE, FL 33009

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:

GABRIEL PLANTE
209 SE 7TH STREET
HALANDALE, FL 33009

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The undersigned has executed these Articles of Incorporation
this 26th DAY OF MAY.

Signature: Gabriel Plante

Date: 05/26/99

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida
Statutes, the Undersigned Corporation, under the Laws of the
State of Florida submits to the following statement
designating the registered agent in the State of Florida.

1. The name of the corporation is:
GABRIEL CATERING, INC.
2. The name and address of the registered agent
GABRIEL PLANTE
209 SE 7th STREET
HALLANDALE, FL 33009

Signature: Gabriel Plante

Date: 05/26/99

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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: Date: 05/26/99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA