

PO8000106719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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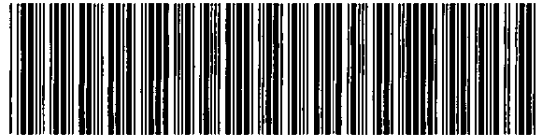
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/08/08--01049--002 \*\*70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*[Handwritten signature]*

**COVER LETTER**

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

**SUBJECT:** BOCCA, INC.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** ALAIN PIZZUTTI

Name (Printed or typed)

1697-1699 NE 123RD STREET

Address

NORTH MIAMI, FL 33181

City, State & Zip

(305) 310-8582

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

BOCCA, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1697-1699 NE 123RD STREET, NORTH MIAMI, FL 33181

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

TITLE: DPVST

TITLE: DPVST

ALAIN PIZZUTTI

1697-1699 NE 123RD STREET

NORTH MIAMI, FL 33181

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ALAIN PIZZUTTI

1697-1699 NE 123RD STREET

NORTH MIAMI, FL 33181

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ALAIN PIZZUTTI

1697-1699 NE 123RD STREET

NORTH MIAMI, FL 33181

\*\*\*\*\*

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

\_\_\_\_\_  
Signature/Registered Agent

12/5/2008  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

12/5/2008  
\_\_\_\_\_  
Date

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