

P090000/5854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

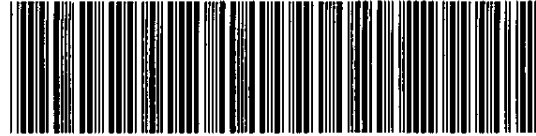
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60/2/10 D3

COVER LETTER

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

SUBJECT: Coelho's Italian Cuisine, 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: Cesar Coelho
Name (Printed or typed)

3706 Fellingheat Lane
Address

Orlando, FL 32784
City, State & Zip

321-695-5360
Daytime Telephone number

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:

Coelho's Italian Cuisiny, INC.

ARTICLE II PRINCIPAL OFFICE

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

*3706 Falling Leaf Lane
Orlando, Florida 32784*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for the operation of a restaurant

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):

*Cesar Coelho
3706 Falling Leaf Lane
Orlando, FL. 32784*

ARTICLE VI REGISTERED AGENT

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

*Cesar Coelho
3706 Falling Leaf Lane
Orlando FL 32784*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Cesar Coelho
3706 Falling Leaf Lane
Orlando, FL 32784*

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]

Signature/Registered Agent
[Signature]

Signature/Incorporator

2/13/09

Date
2/13/09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA