## P1500002068

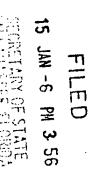
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		<i>.</i>		

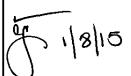
Office Use Only



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## **COVER LETTER**

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

<sub>SUBJECT:</sub> Mizr	rachi's Pizza Kito	chen, Inc.	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: D	avid Mizrachi		
	Nam	e (Printed or typed)	
12	29 Montclaire Dr	ive	
Weston, FL 33326 City, State & Zip			## <b>5</b>
95	4-559-1257	Felephone number	IARY OF S

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

davidmirachi@hotmail.com

E-mail address: (to be used for future annual report notification)

1,5

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

APTICLE I NAM	WR NA'	-	FILED
The name of the corpora	ME Mizrachi's Pizza	Kitchen, Inc.	<del>15 JAN -6</del> PM 3.56
ARTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing addre	ss, if different ISPY OF STATE
129 Montcla	• ——	manng udur	TATTATAS STE, FLONDA
Weston, FL	33326		
ARTICLE III PUR			
	the corporation is organized is:		
Any and all	legal business		
_			
<b>=</b>			
ARTICLE IV SHA	ARES 1000		
ARTICLE IV SHA The number of shares of	stock is: 1000		
ARTICLE V INI	TIAI OPPICEDE AND/OD DIDECTOD	e e	
	rial officers and/or director :David Mizrachi, P & T		
	129 Montclaire Drive	Name and Title:	
Address	Weston, FL 33326	Address:	
	<b>VVC3tOH, 1 L 33320</b>	<del>-</del>	
Name and Title	Beryl Mizrachi, VP & S	Name and Title:	
Address	129 Montclaire Drive		
Address	Weston, FL 33326		
			· · · · · · · · · · · · · · · · · · ·
		<del></del>	
Name and Title	·	Name and Title	
Address		_ Address:	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and F  Name:	lorida street address (P.O. Box NOT acceptable) of David Mizrachi	the registered agent is:
Address:	129 Montclaire Drive	•
ridaross.	Weston, FL 33326	-
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	David Mizrachi	_
Address:	129 Montclaire Drive	_
	Weston, FL 33326	-
Having been nar this certificato, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in eistered agent and agree to act in this capacity
	Required Signature/Registered Agent	1-2-2015
	<u></u>	Date
I submit this doc document to the	cument and offirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
	Required Signature/Incorporator	
_		