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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ITALIAN FOOD JOURNEY CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/14/15

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: ITALIAN FOOD JOURNEY CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 650 NW 43 AVENUE
MIAMI, FL 33126
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
CATERING OF FOOD FOR EVENTS AND PRIVATE PARTIES.

ARTICLE IV SHARES
The number of shares of stock is: 100 AT \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANCESCA PORPIGLIA, PRESIDENT Name and Title: _____
Address: 650 NW 43 AVENUE Address: _____
MIAMI, FL. 33126

Name and Title: FRANCESCA PORPIGLIA, TREASURER Name and Title: _____
Address: 650 NW 43 AVENUE Address: _____
MIAMI, FL. 33126

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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(cont.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: EMILIO B. ALVAREZ
 Address: 650 NW 43 AVENUE
MIAMI, FL. 33126

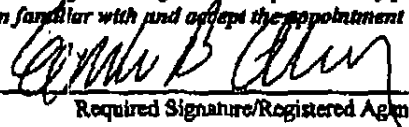
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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: EMILIO B. ALVAREZ
 Address: 650 NW 43 AVENUE
MIAMI, FL. 33126

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

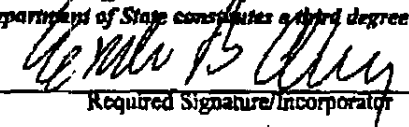


 Required Signature/Registered Agent

1/13/2015

 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Required Signature/Incorporator

1/13/2015

 Date