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DATE:

11/17/22

NAME: VILLA CUISINE INC.

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

RTICLE II PRINCIPAL OFFICE Principal street address		7	Mailing address, if o	lifferent is:
7 North Bayshore Dri	-			
ami, FL 33132				
TICLE III PURPOS	SE e corporation is organized is:			
estaurant Services-HF				22 22
estaurant Services-116	•			Hd LI AON 22
				7 7
				80:1 g
				98 154
number of shares of st				
number of shares of st				
number of shares of st	tock is: 10,000 OFFICERS AND/OR DIRECTORS			
number of shares of st	tock is: 10,000	Name and Title:	President	
number of shares of st TICLE V INITIAL Name and Title:	tock is: 10,000 OFFICERS AND/OR DIRECTORS	Name and Title: Address:	President	
number of shares of st FICLE V INITIAL Name and Title:	tock is: 10,000 **DOFFICERS AND/OR DIRECTORS** Georgios Vogiatzis		President	
number of shares of st FICLE V INITIAL Name and Title: Address	LOFFICERS AND/OR DIRECTORS Georgios Vogiatzis 1717 North Bayshore Dr. #215 Miami, FL 33132	Address: _		
number of shares of st FICLE V INITIAL Name and Title: Address	LOFFICERS AND/OR DIRECTORS Georgios Vogiatzis 1717 North Bayshore Dr. #215 Miami, FL 33132	Address: _		
number of shares of st FICLE V INITIAL Name and Title: Address	Cofficers And/or Directors Georgios Vogiatzis 1717 North Bayshore Dr. #215 Miami, FL 33132 Georgios Vogiatzis 1717 North Bayshore Dr. #215	Address: Name and Title:	Secretary	
number of shares of st TICLE V INITIAL Name and Title: Address Name and Title:	Cofficers And/or Directors Georgios Vogiatzis 1717 North Bayshore Dr. #215 Miami, FL 33132 Georgios Vogiatzis	Address: Name and Title:	Secretary	
number of shares of states. TICLE V INITIAL Name and Title: Address Name and Title: Address	Cofficers And/or Directors Georgios Vogiatzis 1717 North Bayshore Dr. #215 Miami, FL 33132 Georgios Vogiatzis 1717 North Bayshore Dr. #215 Miami, FL 33132	Address: Name and Title: Address:	Secretary	
number of shares of states. TICLE V INITIAL Name and Title: Address Name and Title: Address	Cofficers And/or Directors Georgios Vogiatzis 1717 North Bayshore Dr. #215 Miami, FL 33132 Georgios Vogiatzis 1717 North Bayshore Dr. #215	Address: Name and Title: Address:	Secretary	

Name an	d Title:	Name and Title:
Address	<u> </u>	Address:
ARTICLE VI	REGISTERED AGENT	
	lorida street address (P.O. Box NOT acceptab	e) of the registered agent is:
Name:	PARACORP INCORPORATED	
Address:	155 OFFICE PLAZA DR 1ST FLR	S NO S SEC
	TALLAHASSEE FL 32301	22 NOV 17 PH
ARTICLE VII	<u>INCORPORATOR</u>	80 :1 H4
The name and ad	Idress of the Incorporator is:	08 80 08
Name:	Frances Severe	
Address:	2804 Gateway Oaks Drive #100	<u> </u>
	Sacramento, CA 95833	
Effective date, if (If an effective difiling.) Note: If the date		nnot be more than five days prior or 90 days after the ble statutory filing requirements, this date will not be listed as
		cess for the above stated corporation at the place designated is registered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information submitted in slony as provided for in s.817.155, F.S.
13		11/16/2022
Requir	red Signature/Incorporator	Date

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 11/16/2022

ENTITY NAME: Villa Cuisine Inc

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

essen

Paracorp Incorporated