

# TRANSMITTAL LETTER

# P0000076051

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

100003346371--1  
-08/04/00--01058--017  
\*\*\*\*\*131.25 \*\*\*\*\*87.50

SUBJECT: TRATTORIA DI MIO INC.  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: William Berardinelli  
Name (printed or typed)

7095 SW 115TH Loop. (GOLF VIEW)  
Address

OCALA, FL. 34476  
City, State & Zip

(352) 624-1195 - 352-6241133  
Daytime Telephone number

352-237-5661

William Berardinelli GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Document  
DATE 8-10  
DOC. EXAM. The

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

T BROWN AUG 11 2000

FILED  
00 AUG -4 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLES OF INCORPORATION

FILED  
00 AUG -4 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE FL 32399

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

TRATTORIA DI MIO INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7095 SW 115<sup>th</sup> LOOP  
OCALA, FL 34476 ← (GOLF VIEW)

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William Berardinelli  
7095 S.W. 115<sup>th</sup> LOOP (GOLF VIEW)  
OCALA, FL. 34476

**ARTICLE V INCORPORATORS**

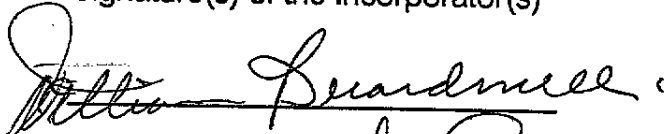
The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

William Berardinelli  
7095 S.W. 115th Loop (GOLF VIEW)  
OCALA, FL. 34476

Celestino P. DiLibero Jr.  
7275 S.E. 135th ST.  
Summerfield, FL. 34491

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
3 day of August, 2000

Signature(s) of the Incorporator(s)



William Berardinelli

Typed name of incorporator signing



Celestino P. DiLibero Jr.

Typed name of incorporator signing

\_\_\_\_\_  
Typed name of incorporator signing

Articles of Incorporation

Filing Fee \$35

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: TRATTORIA DI MIO INC.

2. The name and address of the registered agent and office is:

William Berardinelli

(NAME)

7095 S.W. 115<sup>th</sup> Loop (Golf View)

(P.O. BOX NOT ACCEPTABLE)

OCALA, FL 34476

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

William Berardinelli

8/03/00

**FILED**  
00 AUG -4 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA