

TRANSMITTAL LETTER
P00000103833

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

400003451574--8
-11/03/00--01076--002
*****87.50 *****87.50

SUBJECT: PIZZA CARNIVAL CORP.
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GIOVANNI LAVIGNE
Name (Printed or typed)

15570 SW 15TH STREET
Address

MIAMI, FL 33187
City, State & Zip

305-235-4600
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV -3 AM 11:51

FILED

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

08/11/6

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:

PIZZA CARNIVAL CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15570 S.W. 157TH STREET, MIAMI FL 33187

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

PRESIDENT, SECRETARY, DIRECTOR
GIOVANNI LAVIGNE, 15570 S.W. 157TH STREET, MIAMI FL 33187

VICE-PRESIDENT, TREASURER, DIRECTOR, AERI PAE, SAME ADDRESS

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

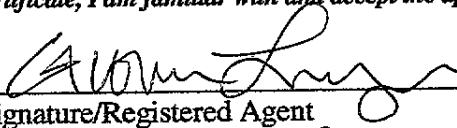
GIOVANNI LAVIGNE, 15570 S.W. 157TH STREET, MIAMI, FL 33187

ARTICLE VII INCORPORATOR

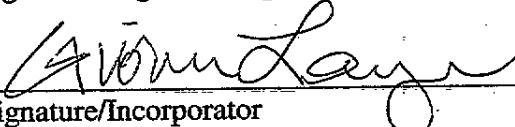
The name and address of the Incorporator is:

GIOVANNI LAVIGNE, 15570 S.W. 157TH STREET, MIAMI, FL 33187

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/Registered Agent

11/01/00
Date


Signature/Incorporator

11/01/00
Date

FILED
00 NOV -3 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA