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Requester's Name

FROM: (PLEASE PRINT)

PHONE

941 455 2802

John E. Medico
2453 Kaywood Rd
Sarasota, FL 34245

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Office Use Only

BER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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TALLAHASSEE, FLORIDA

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☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BELLA CUCINA ITALIAN BUFFET, INC.

ARTICLE II PRINCIPAL OFFICE

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

**3811 KENNY DRIVE
SARASOTA, FL 34232**

ARTICLE III SHARES

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

1000 SHARES OF COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

**LINDA JUDD
2776 KILLIAN STREET
NORTH PORT, FL 34286**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

**JOHN C MEDICO
8453 KAYWOOD ROAD
SARASOTA, FL 34243**



Signature/Incorporator

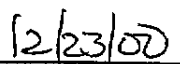


Date

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/Registered Agent



Date

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