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TRANSMITTAL LETTER

FILED

01 AUG -6 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

700004518847--4
-08/06/01--01059--016
*****78.75 *****78.75

SUBJECT: AL DENTE PIZZERIA INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Caesar Soumastre
Name (Printed or typed)

126 SE 12th Avenue, Cape Coral, FL 33390

Address

Cape Coral, FL 33990

City, State & Zip

(941) 574-3428

Daytime Telephone number

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

G. BLALOCK AUG 10 2001

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:

AL DENTE PIZZERIA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1918 DelPrado Blvd., Unit 3, Cape Coral, FL 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To run a pizzeria and sandwich business

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Caesar Soumastre 126 SE 12th Avenue, Cape Coral, FL 33990 PRESIDENT
Dorina Soumastre 126 SE 12th Avenue, Cape Coral, FL 33990 VICE PRESIDENT
Michelle Soumastre 126 SE 12th Avenue, Cape Coral, FL 33990 Secretary/Treas.

ARTICLE VI REGISTERED AGENT

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

Caesar Soumastre 126 SE 12th Avenue, Cape Coral, FL 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Caesar Soumastre 126 SE 12th Avenue, Cape Coral, FL 33990

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

8/1/01

Date



Signature/Incorporator

8/1/01

Date

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