

TRANSMITTAL LETTER

P01000090005

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

400004577794--9
-09/10/01--01068--004
*****70.00 *****70.00

SUBJECT: EAT-A-PITA, 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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: LILLIAN FONTICOBIA
Name (Printed or typed)

13180 SW 21 STREET
Address

MIAMI, FL 33175
City, State & Zip

(786) 325-0628
Daytime Telephone number

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

FILED
2001 SEP 10 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AB 9-13-01

ARTICLES OF INCORPORATION

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

FILED

2001 SEP 10 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

EAT-A-PIA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13180 SW 21 STREET
MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

(P, S) LILLIAN FONTICABA 215 30 STREET, #2, MIAMI BEACH, FL 33140
(VP, T) ALMA L. FONTICABA 13180 SW 21 STREET, MIAMI, FL 33175

ARTICLE VI REGISTERED AGENT

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

LILLIAN FONTICABA
215 30 STREET, #2
MIAMI BEACH, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LILLIAN FONTICABA
215 30 STREET, #2
MIAMI BEACH, FL 33140

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

Lillian Fonticola
Signature/Registered Agent

9/5/01
Date

Lillian Fonticola
Signature/Incorporator

9/5/01
Date