

TRANSMITTAL LETTER

PO2000058968

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 28 AM 10:49

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

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-05/28/02--01053--020
*****78.75 *****78.75

SUBJECT:

Tutto Italiano, 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:

MOIRA McGRATH BROS

Name (Printed or typed)

835 Hibiscus STREET

Address

BOCA RATON, FLORIDA 33486

City, State & Zip

954 428-3888

Daytime Telephone number

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

jc529
June 2

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

TUTTO ITALIANO, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

835 Hibiscus STREET, BOCA RATON, FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IMPORT / EXPORT OF ITALIAN / ~~95~~ American Goods

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MOIRA MCGRATH BROUS President
835 Hibiscus ST
BOCA RATON FL 33486

Paul Dale Brous, same address, Vice President

ARTICLE VI REGISTERED AGENT

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

MOIRA MCGRATH BROUS
835 Hibiscus ST.
BOCA RATON FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MOIRA MCGRATH BROUS
835 Hibiscus ST.
BOCA RATON, FL 33486

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

Date

Signature/Incorporator

Date