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## TRANSMITTAL LETTER

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

SUBJECT: _	Focaccia Mia, Inc.			
	(PROPOSED CORI	PORATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are a	n original and one (1) copy of th	ne artic <u>les of incorporation and</u>	l a check for:	
<b>2</b> \$70 Filing	7	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FRON	A: Bernard Agostino			
Name (Printed or typed)				
,	3073 Overlook Place			
		Address		
	Člearwater, FL 33760			
		City, State & Zip	<del></del>	
	727-804-4099	time Telephone number		

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

# 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:

Focaccia Mia, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3073 Overlook Place Clearwater, FL 33760

#### ARTICLE III <u>PURPOSE</u>

The purpose for which the corporation is organized is:

Restaurant

## ARTICLE IV

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Bernard Agostino, Director 3073 Overlook Place Clearwater, FL 33760

### REGISTERED AGENT

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

Bernard Agostino 3073 Overlook Place Clearwater, FL 33760

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bernard Agostino 3073 Overlook Place Clearwater, FL 33760

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