

P03000127569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

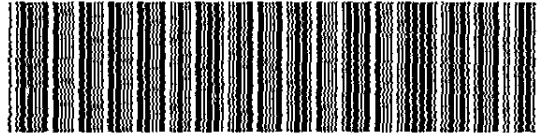
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03 NOV - 3 PM 2:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Contessa Caterini, 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: Lisa Goldman
Name (Printed or typed)

13737 Barberry Dr.
Address

Wallington, FL 33414
City, State & Zip

561-792-5310
Daytime 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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Contessa Caterini, Inc.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13737 Barberrry Dr.
Wellington FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail + Wholesale Sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Lisa Goldman
13737 Barberrry Dr. Wellington FL 33414

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Lisa Goldman
13737 Barberrry Dr.
Wellington FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Lisa Goldman
13737 Barberrry Dr.
Wellington FL 33414

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.

Lisa M. Goldman
Signature/Registered Agent

10/30/03

Date

Lisa M. Goldman
Signature/Incorporator

10/30/03

Date