

PO4000049705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

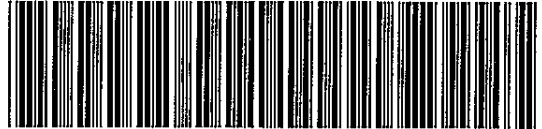
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500030466585

03/17/04--01010--001 **78.75

04 MAR 16 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: Classic Italian Caterers 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: Nicola Stampone

Name (Printed or typed)

513 Campus Street

Address

Celebration, FL 34747-4613

City, State & Zip

407-251-1852 / 973-626-8138

Daytime Telephone number

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

FILED

04 MAR 16 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Classic Italian Caterers Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3518 McCoy Rd, Orlando, Fl 32812/
513 Campus St
Celebration, Fl 34747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Cater to Businees Travelers, Vacationers, Banquets & Weddings

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nicola Stampone- President
Tom Alessandrello-Vice President

ARTICLE VI REGISTERED AGENT

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


Nicola Stampone
513 Campus Street
Celebration, Fl 34747

ARTICLE VII INCORPORATOR

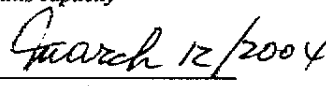
The name and address of the Incorporator is:

Nicola Stampone
513 Campus Street
Celebration, Fl 34747

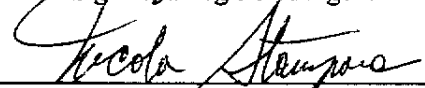
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



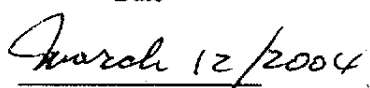
Signature/Registered Agent



Date



Signature/Incorporator



Date