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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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04 OCT 26 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6004-38082

## TRANSMITTAL LETTER

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

SUBJECT: La Famiglia inc. a Taste of Italy  
(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: Salvatore Tencorello  
Name (Printed or typed)

7504 Oleander gate dr #203  
Address

Naples, Fla, 34109  
City, State & Zip

239-514-0191 Cell # 617-823-7135  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

**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: **La Famiglia inc.**  
**a Taste of Italy**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **3771 Tamiami Trail east**  
**NAPLES Fla. 34112**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Italian Pastry & Pasta Shoppe**

## ARTICLE IV SHARES

The number of shares of stock is: **100 shares**

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

|                                                                                            |                                                |                                              |
|--------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|
| <b>Salvatore Teneriello</b><br>7504 Oleander gate dr.<br>naples, Fla. 34109<br>(President) | <b>alice Teneriello</b><br>Same<br>(Treasurer) | <b>emma Teneriello</b><br>Same<br>(Director) |
|--------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**Salvatore F. Teneriello**  
**7504 Oleander gate dr. #203**  
**naples Fla. 34109**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Salvatore F. Teneriello**  
**7504 Oleander gate dr. #203**  
**NAPLES, FLA. 34109**

\*\*\*\*\*  
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

Salvatore Teneriello  
Signature/Registered Agent

10-11-04  
Date

Salvatore Teneriello  
Signature/Incorporator

10-11-04  
Date

FILED  
OCT 26 AM 10:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA