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TRANSMITTAL LETTER

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

SUBJECT: BELLA	D'ORA PIZZA & PASTA INCORF	PORATED	
	inal and one (1) copy of the arti	TE NAME – <u>MUST INCL</u>	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: MI	CHAEL AND TAMARA PALOSCI Name	O (Printed or typed)	
	831 TALLOWOOD DR	Address	
	LARGO, FLORIDA 33770	, State & Zip	
	727 585-0379 Daytime 1	Felephone 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)

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ARTICLE I NAME

The name of the corporation shall be:

BELLA D'ORA PIZZA & PASTA INCORPORATED

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 831 TALLOWOOD DR LARGO, FLORIDA 33770

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

RESTAURANT

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): MICHAEL PALOSCIO 831 TALLOWOOD DR, LARGO, FLORIDA 33770 TAMARA PALOSCIO 831 TALLOWOOD DR, LARGO, FLORIDA 33770 PRESIDENT VICE PRESIDENT/SECRETARY/TREASURER

REGISTERED AGENT ARTICLE VI

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

DEPNIE MILLS, CPA MICHAEL T. MAKON, CPA 6678 1ST AV S., ST PETERSBURG, FLORIDA 33707

<u>ARTICLE VII INCORPORATOR</u>

The <u>name and address</u> of the Incorporator is: MICHAEL AND TAMARA PALOSCIO 831 TALLOWOOD DR, LARGO, FLORIDA 33770

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