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|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| Office Use Only |



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TRANSMITTAL LETTER

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

ARMANDO'S BELLA CUCINA, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| S70.00 Filing Fee | S78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
|--------------------------|---|--|---|-------------|-------|
| FROM: | · · · · · · · · · · · · · · · · · · · | 1.5C(FU Printed or typed) | | | |
| | Scifo Financ 1489 Palm C Palm Coast, I | | - 5131 50 | - - - | |
| - | 386 4 | 146 0317 | <u> </u> | | , |
| 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)

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II / PRINCIPAL OFFICE

The principal place of business/mailing address is:

ARTICLE III PURPOSE

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The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

ARTICLE VI **REGISTERED AGENT**

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN M. SCIFO

Scifo Financial Services, Inc 1489 Palm Coast Parkway NE Palm Coast, FL 32137

**** 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 · Al an TGL

Signature/Registered Agent

Signature/Incorporator

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Date