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**OF STATE
PLANT AHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BM	IL ITALIA INC		- -
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
S70.00 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 PPY REQUIRED
FROM:		EN LAROCCA (Printed or typed)	^**
		/ERADO CT	
		RY FL 32746State & Zip	
	407 474 2 Daytime T	2733	<u> </u>

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:

BML ITALIA INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

118 MIDDLE STREET, LAKE MARY, FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ITALIAN DELI

<u>ARTICLE IV</u> SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BIAGIO A LAROCCA, PRES. & TREAS.

MAUREEN K LAROCCA, VICE PRES. & SEC.

ARTICLE VI REGISTERED AGENT

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

MAUREEN LAROCCA, 859 SILVERADO COURT, LAKE MARY, FL. 32746

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

BIAGIO A LAROCCA, 859 SILVERADO COURT, LAKE MARY, FL. 32746

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 MAUVER LAROCCA

Signature/Incorporator Biagional Rocca

Date

