# P06000043006

(Re	equestor's Name)				
(Ad	ddress)				
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(Ci	ity/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nam	e)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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# **COVER LETTER**

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

SUBJECT: HOSTERIA ROMANA 3, INC.					
	(PROPO	SED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1)	copy of the artic	eles of incorporation and	a check for:	
	,				
\$70.00	<b>√</b> \$78.75		<b>\$78.75</b>	<b>\$87.50</b>	
Filing Fee	Filing Fee		Filing Fee	Filing Fee,	
	& Certificate	of Status	& Certified Copy	Certified Copy	
				& Certificate of	
				Status	
			ADDITIONAL CO	PY REQUIRED	
		ļ			
FROM: MARK KATSMAN					
Name (Printed or typed)					
18851 NE 29th Ave Ste 900					
Address					
	Aventura	FL 33180	)		
City, State & Zip					
786-279-0000					
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)

FILED

## ARTICLE I NAME

The name of the corporation shall be:

HOSTERIA ROMANA 3, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1504 BAY RD., # 1020 MIAMI BEACH, FL 33139

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in the transaction of any or all lawful business permitted under the laws of the United States and the Florida General Corporation Act

### ARTICLE IV SHARES

The number of shares of stock is:

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a nominal or par value of \$1.00 per share.

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Director, President and Treasurer is: Marco Efrati

Post office address is: 1504 Bay Rd., #1020, Miami Beach, FL 33139

Director, Vice President and Secretary is: Leo Efrati

Post office address is: 1504 Bay Rd., #1020, Miami Beach, FL 33139

#### ARTICLE VI REGISTERED AGENT

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

Marco Efrati

1504 Bay Rd., #1020, Miami Beach, FL 33139

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark Katsman

18851 NE 29th Ave., Ste 900, Aventura FL 33180

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/Incorporator

3-17-06

Date