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| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Document Number)       |                    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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OR APP 19 MM 8: 38

## **COVER LETTER**

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

| SUBJECT: CS YAL HOSPITALI  (PROPOSED CORPORAT          | TY SUPPLIET                        | rs, INC   |
|--|------------------------------------|---|
| (PROPOSED CORPORAT                                     | TE NAME – <u>MUST INCL</u>         | <u>ŪDE SUFFIX</u> )                                       |
| Enclosed are an original and one (1) copy of the artic | eles of incorporation and          | a check for:  |
| Filing Fee & Certificate of Status                     | S78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate of Status |
|  | ADDITIONAL CO                      | PY REQUIRED   |
| , Dan  |                                    |   |

| FROM: | Massino BAZZO CCHI       |  |
|-------|--------------------------|--|
|       | Name (Printed or typed)  |  |
|       | 305 NE 61 ST             |  |
|       | Address                  |  |
|       | Mi 2mi FL 33/37          |  |
|       | City, State & Zip        |  |
|       | 786-663-4311             |  |
|       | 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: ROYAL HOSPITALITY SUPPLIERS, INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 305 NE 61 ST Milemi FL. 33137 ARTICLE III PURPOSE The purpose for which the corporation is organized is: OR ALL LAWFUL ACTIVITIES OR BUSINESS ANY 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): President MASSIMO BAZZOCCHI 305 N.E 61 STREET Miami FL 33137 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: BAZZOCCHI MASSIMO 305 NE 61 5-33137 M: 2mi IL. ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MASSIMO BAZZOCCHI 305 NE 61 55

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

Date

4/7/2006

Signature/Incorporator

Date

33/37

Miemi