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(SAMPLE LETTER OF TRANSMITTAL)

DATE May 9, 2006

Florida Department of State Division of Corporations

P.O. Box 6327	
Tallahassee, FL 32314	
Re:Scarfone'	s Italian Bistro ,Inc. (Name of Corporation)
	•
Gentlemen:	•
Enclosed please find the original and one cop check in the amount of \$78.75	y of the Articles of Incorporation, together with my
This represents the cost of the Filing Fees, Ce Registered Agent Designation for the above n	ertified Copy of Articles of Incorporation and Fee for named corporation.
	Very truly yours.
	George D. Scarfore
	(Individual's Name)
	Scarfone's Italian Bistro, Inc.
	(Name of Corporation)
	MAILING ADDRESS OF CORPORATION
	3323 Rock Royal Drive
	Holiday, FL 34691
	PHONE

Area Code

Number

ARTICLES OF INCORPORATION of Scarfone's Italian Bistro, Inc. (name of corporation) The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is:

ARTICLE II - DURATION

Scarfone's Italian Bistro, Inc.

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

Seven Thousdand Five Hundred (7,500)

The corporation is authorized to issue ______shares of common stock, par value \$ 1.00 _____ per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRES	S 927A Broadway		
CITY	Dunedin	FLORIDA	ZIP 34698
Mailing add:	ess, if different	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRES	S 3323 Rock Royal Drive		
CITY	Holiday	FLORIDA	ZIP 34691

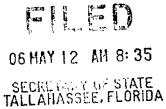
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Leonardo D. Scarfone	<u> </u>	
ADDRESS	927A Broadway		
CITY	Dunedin	FLORIDA	ZIP 34698

		- INITIAL BOARD OF			
This cor either increase	poration shall have	the By-Laws, but shall n	tors initially. The	number of done (1). The	irectors may be
addresses of t	he initial director(s) of the corporation	are as follows:	ever be less man	one (1). The	names and
NAME	Leonardo D. Scarfone				
ADDRESS	3323 Rock Royal Drive				
CITY	Holiday	STATE	Florida	ZIP	34691
NAME	Lisa M. Scarfone				
ADDRESS	3323 Rock Royal Drive				
CITY	Holiday	STATE	Florida	ZIP	34691
NAME					
ADDRESS					<u></u>
CITY		STATE		ZIP	
	ARTIC	CLE VIII - INCORPORA	ATORS		
The names an	d addresses of the incorporators signi			llows:	
NAME	Leonardo D. Scarfone			·	
ADDRESS					
CITY	3323 Rock Royal Drive	STATE		ZIP	34691
NAME	Holiday		Florida		
ADDRESS	Lisa M. Scarfone 3323 Rock Royal Drive		<u> </u>		
CITY		STATE		ZIP	
NAME	Holiday		Florida		34691
ADDRESS					<u> </u>
CITY		STATE		ZIP	
The undersid	rned incorporator(s) have executed	·····	marstian this	9th	
day ofM	gned incorporator(s) have executed av	, xb0x 2006	poration tins		
		Seonardo o	n 0. / .		
		Leonardo D.	Scarfone	,	(Signature)
		Lie M	Scarfone. Scarfon		(Signature)
		Lisa M. Scar			(Signature)
					-
					(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



Scarfone's Italian Bistro, Inc.
(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
-
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 927A Broadway
Dunedin, Florida 34698
has named Leonardo D. Scarfone
located at the aforesaid address, as its registered agent to accept service of process within this
state.
Having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this certificate, I hereby accept the appointment as regis-
•
tered agent and agree to act in this capacity. I further agree to comply with the provisions of all
statutes relating to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.
900 10 10 Rec /10
Gignature) Nay 9, 2006 (Date)
(Signature) (Date) Leonardo D. Scarfone