

P07000012605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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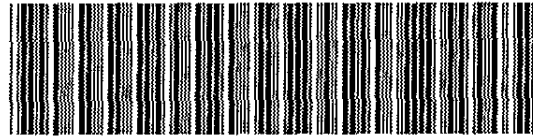
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RW

## COVER LETTER

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

SUBJECT: DR. PIZZA Incorporation  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Andrew L Carricarte  
Name (Printed or typed)

8770 Sunset Drive, 531  
Address

miami FL 33173  
City, State & Zip

305-275-0063  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2007

ANDREW L CARRICARTE  
8770 SUNSET DRIVE, 531  
MIAMI, FL 33173

SUBJECT: DR. PIZZA INCORPORATION  
Ref. Number: W07000002430

We have received your document for DR. PIZZA INCORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 907A00003717

**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:

*DR. PIZZA Incorporation*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*8770 SUNSET Drive, - Miami FL 33173  
531*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Retail Fast Food Sale and Delivery*

**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):

*Andrew L Carricarte*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

*Maricarmen Coman* *I hereby am familiar with and*  
*8770 Sunset Drive, 531* *accept the duties and responsibility*  
*Miami FL 33173* *of Registered Agent.*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Andrew L Carricarte*  
*8770 Sunset Drive, 531*  
*Miami FLA 33173*

*Maricarmen Coman*

\*\*\*\*\*

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

*Maricarmen Coman*  
\_\_\_\_\_  
Signature/Registered Agent

*1-21-07*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*1-9-07*  
\_\_\_\_\_  
Date