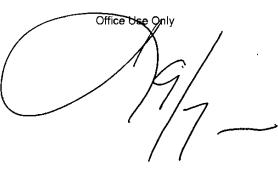
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			





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COVER LETTER

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

SUBJECT: Vivaldi Restaurants Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: Wolfgang Tweraser		
Name Name	(Printed or typed)	
800 E. Cypress Creek	Rd. Suite 300	
Ft. Lauderdale, FL 333	34 State & Zip	
954-351-2600	elephone 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:

Vivaldi Restaurants Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5838 # 8c, Collins Ave., Miami Beach, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant

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):

Filippo Ripa, President and Treasury Katharina Ripa, VP and Secretary

ARTICLE VI REGISTERED AGENT

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

Tweraser Enterprises Inc. 800 E. Cypress Creek Rd. Suite 300 Ft. Lauderdale, FL 33334

ARTICLE VII INCORPORATOR

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

Tweraser Enterprises Inc. 800 E. Cypress Creek Rd. Suite 300 Ft. Lauderdale, FL 33334

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

Signature/Incorporator

Date

OT SEP -6 PM 12: 15
SECRETARY OF STATE TALLAHASSEE, FLORIDA