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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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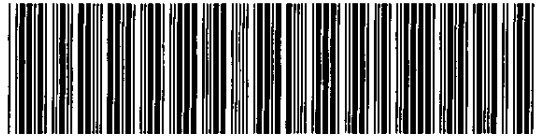
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 12/27

COVER LETTER

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

SUBJECT: ANTONIO'S NEW YORK STYLE PIZZA, INC.

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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Hazem Reda Bata, Esq.

Name (Printed or typed)

621 Knollwood Lane

Address

St. Augustine, FL 32086

City, State & Zip

904-687-7668

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:

ANTONIO'S NEW YORK STYLE PIZZA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

934 SANTA MARIA BOULEVARD
ST. AUGUSTINE FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal purposes.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SAID NADER ZORI - DIRECTOR
7255 SR 207
ELKTON, FL 32033

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

SAID NADER ZORI
7255 SR 207
ELKTON, FL 32033

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

SAID NADER ZORI
7255 SR 207
ELKTON, FL 32033

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

12/20/07

Date


Signature/Incorporator

12/20/07

Date

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TALLAHASSEE, FLORIDA