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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 JAN 14 AM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: OLTI AMICI, 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  
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: MIMOZA AGAGJYSHI  
Name (Printed or typed)

28 S. ORANGE AVE.  
Address

ORLANDO, FL. 32801  
City, State & Zip

321-297-6242  
Daytime Telephone number

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

To Whom It May Concern

This is to confirm that I (we)  
do not intend to renew the name  
"A.B. AMICI, INC" as a corporation at  
any time in the future.

Officer signature Marcus Maggioni 01/7/08  
share holder signature Doc Robert 01/7/08

# **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: **OLTI AMICI, INC.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**28 S. ORANGE AVE  
ORLANDO, FL. 32801**

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**PIZZA RESTAURANT**

## **ARTICLE IV SHARES**

The number of shares of stock is:

**1 (ONE)**

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

**ARBEN BROGI**

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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:

MIMOZA AGAGJYSHI  
3096 BAY LAUREL CIR. N.  
KISSIMMEE, FL. 34744

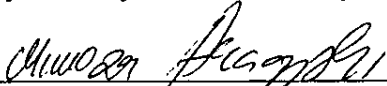
**ARTICLE VII INCORPORATOR**

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

MIMOZA AGAGJYSHI  
3096 BAY LAUREL CIR. N.  
KISSIMMEE, FL. 34744

\*\*\*\*\*

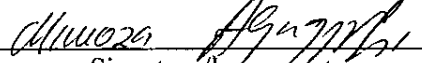
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

01.07.08

Date



Signature/Incorporator

01.07.08

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA