

P88000052825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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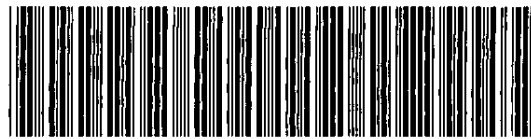
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 MAY 29 P 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

5-29-08
DM

COVER LETTER

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

SUBJECT: MAESTRO 2 GO, 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: MICHAEL MAESTRELLI
Name (Printed or typed)

8412 BEDFORD LANE
Address

TAMPA, FL. 33615
City, State & Zip

813-290-8700
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: **MAESTRO2GO, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **8412 BEDFORD LANE
TAMPA, FL. 33615**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **CATERING**

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):

**MICHAEL MAESTRELLI - PRES.
8412 BEDFORD LANE
TAMPA, FL. 33615**

ARTICLE VI REGISTERED AGENT

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

**MICHAEL MAESTRELLI
8412 BEDFORD LANE
TAMPA, FL. 33615**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**MICHAEL MAESTRELLI
8412 BEDFORD LANE
TAMPA, FL. 33615**

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

Michael Maestrelli

Signature/Registered Agent

Michael Maestrelli

Signature/Incorporator

FILED
2008 MAY 29 P 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/27/08

Date

5/27/08

Date