

PO9000080322

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

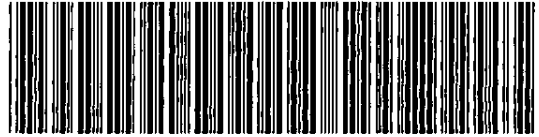
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W09-42230



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09/18/09--01021--007 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 SEP 28 PM 2:33

9/29/09

COVER LETTER

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

SUBJECT: Il Forno Pizzeria 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: Gabrielle Orza
Name (Printed or typed)

985 Smokerise Blvd
Address

Port Orange, FL 32127
City, State & Zip

386-763-0159
Daytime Telephone number

gab2287@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2009 SEP 28 PM 2:33

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 SEP 28 PM 4:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

September 21, 2009

GABRIELLE ORZA
985 SMOKERISE BOULEVARD
PORT ORANGE, FL 32127

SUBJECT: II FORNO PIZZERIA INC.
Ref. Number: W09000042230

We have received your document for II FORNO PIZZERIA INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 309A00030923

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 SEP 28 PM 2:33

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 SEP 28 PM 2:33

ARTICLE I NAME

The name of the corporation shall be: **Il Forno Pizzeria Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

IL FORNO PIZZERIA INC
SUITE 660
5537 S. WILLIAMSON BLVD. PORT ORANGE, FL 32128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Starting a new business

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):

Gabrielle Orza 985 Smokerise Blvd, Port Orange, FL 32127 President

Alfredo Orza 985 Smokerise Blvd, Port Orange, FL 32127, Treasurer

ARTICLE VI REGISTERED AGENT

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

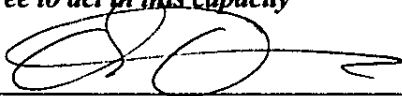
Alfredo Orza 985 Smokerise Blvd, Port Orange, FL 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gabrielle Orza 985 Smokerise Blvd, Port Orange, FL 32127

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

ALFREDO ORZA

9/16/09

Date



Signature/Incorporator

9/16/09

Date