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Special Instructions to Filing Officer:

Tom GAVE

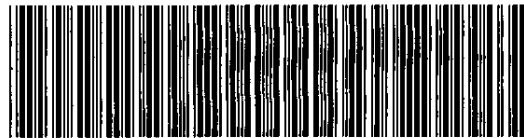
AUTHORIZATION BY PHONE TO

CONTACT Art. IV

DATE 11/22

SIGNATURE Tom

Office Use Only



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11/19/10--01018--017 **88.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 22 PM 2:00

B McKnight NOV 22 2010

COVER LETTER

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

SUBJECT: CASNOVA RESTAURANT 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: TOM CEASAR

Name (Printed or typed)

304 NE 79 STREET

Address

MIAMI FLORIDA 33138

City, State & Zip

786 768 7552

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2010

TOM CESAR
304 NE 79 STREET
MIAMI, FL 33138

SUBJECT: CASNOVA RESTAURANT INC.
Ref. Number: W10000051904

We have received your document for CASNOVA RESTAURANT INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date **may** be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 410A00026102

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

CASNOVA RESTAURANT INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

304 NE 79 STREET
MIAMI FLORIDA 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PREPARATION AND SALE FOOD AND DRINKS PRODUCTS ETC.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TOM CESAR

Address: 304 NE 79 STREET
MIAMI FLORIDA 33138
OWNER

Name and Title: ANTOINE CESAR

Address: 304 NE 79 STREET
MIAMI FLORIDA 33138
PRESIDENT/TREASURER

Name and Title: BENGI CESAR

Address: 304 NE 79 ST. 33138
MIAMI FLORIDA 33138
V- PRESIDENT

Name and Title: _____

Address: _____

Name and Title: CLERMENCIA CHARLES

Address: 214 NE 161 ST.
NORTH MIAMI BEACH FL. 33162
SECRETARY

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: TOM CESAR

Address: 304 NE 79 ST
MIAMI FL. 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TOM CESAR

Address: 304 NE 79 ST
MIAMI FL. 33138

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

TOM CESAR

Required Signature/Registered Agent

11-16-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

TOM CESAR

Required Signature/Incorporator

11-16-10

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 22 PM 2:00