

P110000033115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

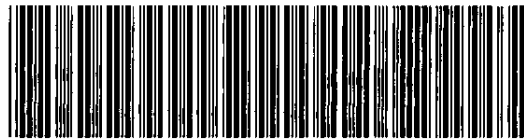
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300199785163

04/04/11--01038--001 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11 APR -4 PM 12:28

FILED

MRS  
4/5

## COVER LETTER

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

SUBJECT: Artichoke Coal Fired 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 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Salvatore Stellino  
Name (Printed or typed)

4911 Lyons Technology Pkwy #11  
Address

Coconut Creek FL 33073  
City, State & Zip

954-427-6559  
Daytime Telephone number

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

**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: **Artichoke Coal Fired Pizza Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4911 Lyons Technology Pkwy #11  
Coconut Creek FL 33073

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Restaurant Management**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

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

Name and Title: **Salvatore Stellino, President**  
Address:

**4911 Lyons Technology Pkwy #11  
Coconut Creek FL 33073**

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

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: **Salvatore Stellino**  
Address: **4911 Lyons Technology Pkwy #11  
Coconut Creek FL 33073**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Salvatore Stellino**  
Address: **4911 Lyons Technolgy Pkwy #11  
Coconut Creek FL 33073**

*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*



Required Signature/Registered Agent

**4/01/2011**

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.*



Required Signature/Incorporator

**4/01/2011**

Date

FILED  
11 APR -4 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA