

P110000074253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

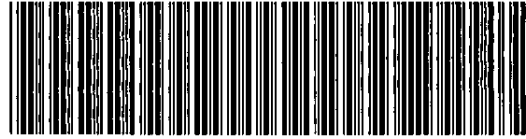
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/18/11--01022--016 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 18 PM 4:00

RECEIVED  
AUG 18 2011

8/19  
98

## COVER LETTER

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

**SUBJECT:** BusinessFare, 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: James Baldassari

Name (Printed or typed)

3440 NE 192nd Street #3B

Address

Aventura, FL 33180

City, State & Zip

954-292-1969

Daytime Telephone number

james.baldassari@gmail.com

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

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

**ARTICLE I NAME**

The name of the corporation shall be: BusinessFare, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3440 NE 192nd Street #3B  
Aventura, FL 33180

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Catering Business

**ARTICLE IV SHARES 100**

The number of shares of stock is:

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

Name and Title: James Baldassari, President  
Address: 3440 NE 192nd Street #3B  
Aventura, FL 33180

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: James Baldassari  
Address: 3440 NE 192nd Street #3B  
Aventura, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James Baldassari  
Address: 3440 NE 192nd Street #3B  
Aventura, FL 33180

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

8/15/11  
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

8/15/11  
Date

11 AUG 18 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA