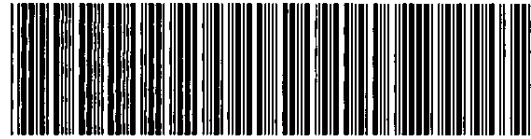


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10/11/11--01030--005 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PS 10/12/11

COVER LETTER

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

SUBJECT: THEA 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: BETHEA GOLDMAN
Name (Printed or typed)

3 GROVE ISLE DRIVE # 404
Address

MIAMI, FL. 33133
City, State & Zip

305 798 - 7446
Daytime Telephone number

theagoldman@aol.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:

THEA PIZZERIA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1951 NW 7TH AVENUE
SUITE 190
MIAMI, FL. 33036

Mailing address, if different is:

3 GROVE ISLE DRIVE #404
MIAMI, FL. 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is: 100

TITLE: PROPRIETOR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BETHEA GOLDMAN
Address: 3 GROVE ISLE DRIVE
404
MIAMI, FL. 33133

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: BETHEA GOLDMAN
Address: 3 GROVE ISLE DRIVE # 404
MIAMI, FL. 33133

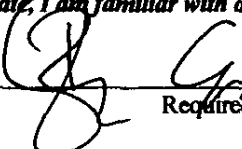
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BETHEA GOLDMAN
Address: 3 GROVE ISLE DRIVE, # 404
MIAMI, FL. 33133

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DIVISION OF CORPORATION
11 OCT 11 AM 11:02

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

OCTOBER 7TH 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

OCTOBER 7TH 2011
Date