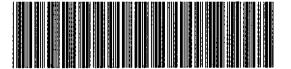
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT | MAIL | |
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| (Business Entity Na | me) | |
| | | |
| (Document Number) | | |
| Certified Copies Certificate | s of Status | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

MRD/12

COVER LETTER

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

| (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 | | |
|---|---|--|
| \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee, | | |
| \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee, | | |
| Filing Fee Filing Fee, | | |
| Filing Fee Filing Fee, | | |
| | | |
| | , | |
| & Certificate | | |
| Status | | |
| ADDITIONAL COPY REQUIRED | ı | |
| | | |
| | | |
| FROM: Cosimo Alvaro | | |
| Name (Printed or typed) | | |
| 4447 | | |
| 4147 meade way Address | | |
| | | |
| west palm beach, florida, 33409 | | |
| City, State & Zip | | |
| EC4 C22 00C0 | | |
| 561-633-0068 Daytime Telephone number | | |
| | | |
| cosmoalvaro@hotmail.com F-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 Romeo's Famous Pizza The name of the corporation shall be: | INC |
|---|--|
| Principal office Principal street address 6917 okeechobee blvd west palm beach, florida 33411 | Mailing address, if different is: |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: any lawfull business; restaurant, catering, food cor | nsultant 72 JAN 17 AN 11: 27 Name and Title: |
| ARTICLE IV SHARES The number of shares of stock is:1000 | mg = O |
| | STA 2 |
| Name and Title: cosimo alvaro Address: 4147 meade way west palm beach, florida 33409 | Address: |
| Name and Title: | Address: |
| Name and Title: | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Cosimo alvaro Address: 4147 meade way west palm beach, florida, 33409 | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: cosimo alvaro Address: 4147 meade way west palm beach, florida, 33409 | - - - |
| Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg | |
| 1/Miles | january 10th 2012 |
| Required Signature/Registered Agent | Date |
| I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon | |
| Cfueco | january 10h 2012 |
| Required Signature/Incorporator Co5/MO ALVARO | Date |
| COLL MENTICE | |