712000026582

•		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
`	,	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/P:	ısiness Entity Nan	20)
(50	isiness Entity Nan	ie)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900224871379

03/16/12--01025--001 **70.00

Temple Mil 1 d Mil



COVER LETTER

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

SUBJECT: DOLCES 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 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: DONALDI GISHTA Name	(Printed or typed)			
12276 SAN JOSE BLVD SUITE 712				
12276 SAN JOSE BLVD SUITE 712 Address JACKSONVILLE FL 32223 City, State & Zip				
© 904-268-9786	elephone number			
LOUISCPA@BELLSOUTH.NET 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 The name of the co	NAME DOLCES PIZZA INC		
	PRINCIPAL OFFICE Principal street address 12276 SAN JOSE BLVD SUITE 712 JACKSONVILLE FL 32223	Mailing address, if different is:	
ARTICLE III			
	hich the corporation is organized is: LL LEGAL BUSINESS IN THE STATE OF FL	ORIDA	
	res of stock is:100		
	INITIAL OFFICERS AND/OR DIRECTORS	and Title.	
Address:	itle:DONALDI GISHTA Name a 12276 SAN JOSE BLVD SUITE 712 Addres JACKSONVILLE FL 32223	nd Title:s:	
Name and T Address:	itle: Name a		
Name and T Address:	itle: Name a		
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of the regist	ered agent is:	
Name:	DONALDI GISHTA	27 A.	
Address:	.12276.SAN.JOSE BLVD.SUITE 712 JACKSONVILLE FL 32223	HAR TAN	
ARTICLE VII	INCORPORATOR	mx 6	
	iress of the Incorporator is:	7 7	
Name:	DONAL DI GISHTA	9 8	
Address:	12276 SAN JOSE BLVD SUITE 712 JACKSONVILLE FL 32223	5 AM ID: 24	
	ed as registered agent to accept service of process for the a m familiar with and accept the appointment as registered ag	bove stated corporation at the place designated in	
	Required Stgnature/Registered Agent	07-14-2012 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	03-14-2012	
7	parented Signature/Incorporator	Date	