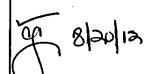
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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## **COVER LETTER**

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

## SUBJECT: NAPLES PIZZA&DELI CORPORATION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status	
BOOK WAS COLUMN	ADDITIONAL COPY REQUIRED	
FROM: MAXIMINO MALDONADO		SECRETAR DIVISIN OF 12 AUG 17
	(Printed or typed)	S AR
754 101ST AVENUE	NORTH	PM
NAPLES FLORIDA 3	4108 State & Zip	CORPORATIONS
239-595-1101  Daytime To	elephone number	
MAXIMOMALDONAL E-mail address: (to be used	DO@HOTMAIL.COM I 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)

The name of the corpo	oration shall be: NAPLES PIZ	ZZA&DELI	CORPORATION
209	RINCIPAL OFFICE Principal street address 11 PINE RIDGE RD PLES FL 34109		Mailing address, if different is:
REST	th the corporation is organized is:		EURE TARY OF STATIONS SHOW OF CORPORATIONS 2 AUG 17 PM 3: 54
Name and Title Address:	ITIAL OFFICERS AND/OR DIRECT MAXIMINO MALDONADO PRESIDENT 754 101ST AVE N NAPLES FL 34108	Name and Title Address:	ENRIQUE PADRON VICE-PRESIDENT 7005 ROMANA WAY #1704 NAPLES FL 34119
Name and Title: Address:		Address:	
Name and Title: Address:		Name and Title	»:
The <u>name and Florid</u> Name: Address:	EGISTERED AGENT a street address (P.O. Box NOT acceptable ENRIQUE PADRON 7005 ROMANA WAY #17 NAPLES FL 34119 ECORPORATOR SO of the Incorporator is: MAXIMINO MALDONADO	704	ent is:
Address:  Having been named this certificate, I am fa	754 101ST AVE N NAPLES FL 34108	ocess for the above st	ated corporation at the pluce designated in agree to act in this capacity
I submit this docume document to the Depa	Required Signature/Registered Agent  nt and affirm that the facts stated herein  rtment of State constitutes a third degree for	are true. I am aware	Date  that the false information submitted in a in s.817.155, F.S.