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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

1/4

## COVER LETTER

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

SUBJECT: Victoria Shoppes Restaurant 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: Danita Farrell  
Name (Printed or typed)

4811 Lyons Technology Pkwy #7  
Address

Coconut Creek FL 33073  
City, State & Zip

954-427-6559  
Daytime Telephone number

Danita @salsitalianristorante.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:

Victoria Shoppes Restaurant Inc.

FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

129 State Rd 7 Bay 401A

Royal Palm Beach FL 33414

Mailing address, if different is:

4811 Lyons Technology Pkwy #7

Coconut Creek FL 33073

12 OCT -3 AM 10:27

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Italian Restaurant

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Joann Stellino / President

Address: 4811 Lyons Technology Pkwy #7

Coconut Creek FL 33073

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: Joann Stellino

Address: 4811 Lyons Technology Pkwy #7

Coconut Creek FL 33073

**ARTICLE VII INCORPORATOR**

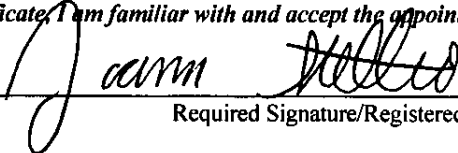
The name and address of the Incorporator is:

Name: Joann Stellino

Address: 4811 Lyons Technology Pkwy #7

Coconut Creek FL 33073

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 1, 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

October 1, 2012

Date