

P13000043353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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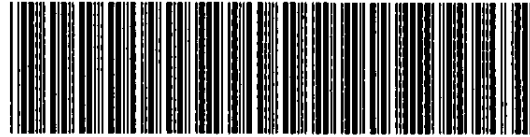
(Business Entity Name)

(Document Number)

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13 MAY 13 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1113-28662

CMD 5/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2013

ANTONIO SALIERNO
845 S. GULFVIEW BLVD., B-304
CLEARWATER BEACH, FL 33767

SUBJECT: CAFE CLASSICO PIZZA & RESTAURANT
Ref. Number: W13000028662

We have received your document for CAFE CLASSICO PIZZA & RESTAURANT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 613A00012220

COVER LETTER

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

SUBJECT: Cafe Classico Pizza & 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: Antonio Salierno
Name (Printed or typed)

845 S. Gulfview Blvd B-304
Address

Clearwater Beach, FL 33767
City, State & Zip

727-614-9486
Daytime Telephone number

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: CAFE CLASSICO PIZZA & RESTAURANT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

845 S. Gulfview Blvd b-304
Clearwater Beach, FL 33767

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Italian Restaurant Business

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antonio Salierno - President

Name and Title: Theresa Salierno

Address: 845 S. Gulfview Blvd. B304
Clearwater Beach, FL 33767

Address: 845 S. Gulfview Blvd. B-304
Clearwater Beach, FL 33767

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Guy C. Esposito
Address: 845 S. Gulfview Blvd B-304
Clearwater Beach, FL 33767


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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

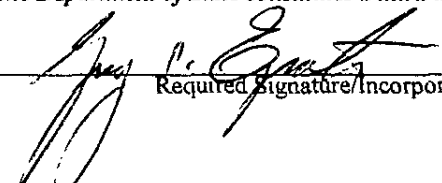
Name: Guy C. Esposito
Address: 845 S. Gulfview Blvd B-304
Clearwater Beach, FL 33767

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

5/10/2013
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

5/10/2013
Date