Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001613763)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Fax Number

: (305)599-0839 : (305)592-9591

**Ente	er	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
	ani	nual	repor	t mailin	gs.	Enter	only	one	emajl	ಎರರ	res	s ple	ase.	**
	Em	e i l	Addres	9 :										

FLORIDA PROFIT/NON PROFIT CORPORATION LONGONI GOURMET ITALIA 1963 INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

July 19, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: LONGONI GOURMET ITALIA 1963 INC.

REF: W13000040723

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the address in article II. Is the address 2126 or 2125?

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

Tim Burch Regulatory Specialist II New Filing Section FAX Aud. #: H13000161376 Letter Number: 013A00017566

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the co	NAME Longoni Gourmet Ita	alia 1963 li	nc:					
	PRINCIPAL OFFICE Principal attrest address 25 Biscovne Boulevard-580 A		Mailing address, if different is:					
Ñ	liami, Fiorida 33137							
ARTICLE III	PURPOSE			≱ gg చ				
	hich the corporation is organized is:							
	ny legal business			19 ANIO: TARY OF STA ASSEE, FLO				
The number of share	SHARES es of stock is: 100 shares of \$ 1 par v	ralue each	ı	INTE				
	INITIAL OFFICERS AND/OR DIRECTO the Longoni Andrea President/Directo 2125 Biscayne Squievard-580 A Miami, Florida 33137	Name one Address:		→				
Name and Ti Address:	de: Bocchini Sonia, Treasurer/Director 2125 Biscayne Boulevard, 580 A Miami, Florida 33137	Name and Address:						
Name and Ti Address:	tie: Cardia Raimonda Secretary/Direct 2125 Biscayne Boulevard-580 A Miami, Florida 33137	Of Name and Address:	-					
4								
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) Chiarato Ugo V	of the registers	ed agent is:					
Address:	2125 Biscayne Boulevard-580 A Miami, Florida 33137							
	INCORPORATOR ress of the Incorporator is:							
Name:	Longoni Andrea	_						
Address:	2125 Biscayne Boulevard -580 A. Miami, Florida 33137	<u></u>						
Having been name this certificate, I on	ed as registered agent to accept service of proce In familiar with and accept the appointment as re	es for the abo gistered agent	ove stated corporation t and agree to act in t	n at the place designated in his capacity				
19.00	Aut.		_ 	uly 17, 2013				
	Required Signature/Registered Agent		<u> </u>	Date				
I submit this document to the De	ment and affirm that the facts stated kerein ar partment of State constitutes a third degree felo	e true. I am e Ny as provided	aware that the false . I for in s.817.155, F.S	information submitted in a				
Limeter.	Interior .			lulu 17 2012				
- coupe way	Required Signature/Incorporator	<u></u>	-	July 17, 2013 Date				