## P13000013219

(Re	equestor's Name)				
(Ad	dress)				
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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09/03/13--01049--009 \*\*87.50

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or alulis

## COVER LETTER

Department of State

New Filing Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: CELLA LUNA IMPORTS, 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 \$87.50

Filing Fee Filing Fee & Filing Fee, & Certificate of Status

\*\*ADDITIONAL COPY REQUIRED\*\*

6 Osprey Ct.	
Address	
Ocean Ridge, FL 33435	, S
City, State & Zip	C
561 212-7430	=
Daytime Telephone number	

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)

FILED SECRETARY OF STATE DIVISITY OF CORPORATIONS The name of the corporation shall be: CELLA LUNA IMPORTS, INC. 13 SEP -3 PM 1: 07 PRINCIPAL OFFICE Mailing address, if different is: Principal street address 6 Osprey Ct Ocean Ridge, FL 33435 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Wine & Olive Oil Import ARTICLE IV SHARES
The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: John M. Tringali, P/D Name and Title:\_\_\_\_\_ 6 Osprey Ct Address \_\_\_\_\_ Address: Ocean Ridge, FL 33435 Name and Title:\_\_\_\_\_\_ Name and Title:\_\_\_\_\_\_ Address \_\_\_\_\_ Address: Name and Title:\_\_\_\_\_\_\_Name and Title:\_\_\_\_\_\_ Address \_\_\_\_\_ Address:

Name and	l Title:	Name and Title:	
Address		Address:	
4D@164 D.17			
ARTICLE VI The name and Flo	<u>REGISTERED AGENT</u> prida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	John M. Tringali		
Address:	6 Osprey Ct		
	Ocean Ridge, FL 33435	-	
ARTICLE VII	INCORPORATOR  Idress of the Incorporator is:		
The mane and ad	<del></del>		
Name:	John M. Tringali		
Address:	6 Osprey Ct	_	
	Ocean Ridge, FL 33435	- -	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg		
_AV	Required Signature/Registered Agent		8-29-13
V	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false	
A A	Mayh.		8-29-13
1/	Required Signature/Incorporator	<del></del>	Date

JIVISION OF SURPORATIONS

13 SEP -3 PH 1: 07