P4000367

(Requestor's Name)					
(Address)					
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Do	(Document Number)				
Certified Copies					
Special Instructions to	Filing Officer:				
:					



900258004439

03/24/14--01013--002 **70.00

14 MAR 24 PM I2: 56

Office Use Only

m03/25

COVER LETTER

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

SUBJECT: BROOKLYN BAGEL, INC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REOUIRED

FROM:	ANTHONY MAURIELLO
	Name (Printed or typed)
	16 DRIGGS STREET
	Address
	STATEN ISLAND, NY 10308
	City, State & Zip
	718-356-5178
	Daytime Telephone number
	TAXFELLA@AOL.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)

<i>icle II - pri</i> 11 TAMIAN	NCIPAL OFFICE Principal street address A TRAIL	Mailing a	ddress, if different is:
NICE FL 3	4293		
·			10 P P
ICLE III PUR	PPOSE the corporation is organized is:	L STORE	PH 12:
·			25. 5g
			, the Fig. Let
ICLE IV SH umber of shares of	ARES Stock is: 200		
ICLE V INI	TIAL OFFICERS AND/OR DIRECTO e: JENNIFER DIPIAZZA, OFFICE		
ICLE V INI	TIAL OFFICERS AND/OR DIRECTO e: JENNIFER DIPIAZZA, OFFICE 1811 TAMIAMA TRAIL		
ICLE V INI Name and Titl	TIAL OFFICERS AND/OR DIRECTO e: JENNIFER DIPIAZZA, OFFICE	R Name and Title:	
ICLE V INI Name and Titl	TIAL OFFICERS AND/OR DIRECTO e: JENNIFER DIPIAZZA, OFFICE 1811 TAMIAMA TRAIL	R Name and Title:	
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTO e: JENNIFER DIPIAZZA, OFFICE 1811 TAMIAMA TRAIL	R Name and Title:Address:	
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTO E. JENNIFER DIPIAZZA, OFFICE 1811 TAMIAMA TRAIL VENICE, FL 34293	R	
Name and Title Address Name and Title	TIAL OFFICERS AND/OR DIRECTO E. JENNIFER DIPIAZZA, OFFICE 1811 TAMIAMA TRAIL VENICE, FL 34293	R	
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTO e: JENNIFER DIPIAZZA, OFFICE 1811 TAMIAMA TRAIL VENICE, FL 34293	R Name and Title: Address: Name and Title: Address:	
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTO E. JENNIFER DIPIAZZA, OFFICE 1811 TAMIAMA TRAIL VENICE, FL 34293	R Name and Title: Address: Name and Title: Address: Name and Title:	

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) o JENNIFER DIPIAZZA 1811 TAMIAMA TRAIL	f the registered agent is:	14 MAR 24
ARTICLE VII	VENICE FL 34293 INCORPORATOR	-	EN SIME
The <u>name and a</u>	ddress of the Incorporator is:		••
Name:	JENNIFER DIPIAZZA	_	
Address:	1811 TAMIAMA TRAIL VENICE FL 34293	_	
	med as registered agent to accept service of proces am familiar with and accept the appointment as re		
	Required Signature/Registered Agent	-	Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the fals ny as provided for in s.817.155,	e information submitted in a F.S.
\mathbb{X}			3/18/14
	Required Signature/Incorporator		Date