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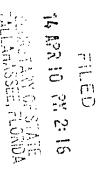
(Requestor's Name)	
	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

Office Use Only



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4/11/14

COVER LETTER

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

suвјест: Ita	lia Cuisine Co. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
				4
FROM: _	Maria Paola Santa	agati (Printed or typed)		
	11174 Ledgement			
,		Address 4786	n: i	
	City, 407 375-5338	State & Zip		14 MPR
<u></u>	Daytime T /ipajo@aol.com E-mail address: (to be use	elephone number d for future annual report	notification)	10 22 2:
	·	·		o s

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)

The name of the corporat	tion shall be: Italia Cuisine Co.	FILED
	NCIPAL OFFICE	14 APR 10 PM 2: 16
	Principal street address	Mailing address, if different is: OF STATE
11174 Ledgen	nent Lane	TALLAHASSEE, FLORID
Windermere F	L 34786	
ARTICLE III PUR The purpose for which the	POSE he corporation is organized is: Any and	d all lawful business.
ARTICLE IV SHA The number of shares of	RES 100 shares	
		*
	TAL OFFICERS AND/OR DIRECTOR	<u>s</u>
Name and Title	Maria Paola Santagati	Name and Title:
Address	President	Address:
	11174 Ledgement Lane	
	Windermere FL 34786	
Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address		Address:

Name a	and Title:	Name and Title:	
Addre	ess	Address:	
			
ARTICLE VI			
Name:	Florida street address (P.O. Box NOT acceptable) Maria Paola Santagati	of the registered agent is:	
Address:	11174 Ledgement Ln.	-	
Audiess.	Windermere, Fl 34786		
ARTICLE VII	I INCORPORATOR		
The <u>name and a</u>	address of the Incorporator is:		
Name:	Maria Paola Santagati		
Address:	11174 Ledgement Ln.		
	Windermere Fl. 34786		
	amed as registered agent to accept service of proce I am familiar with and accept the appointment as t	ess for the above stated corporation at the place design registered agent and agree to act in this capacity	ated in
You	Required Signature/Registered Agent	4/4/14	
l submit this de	ocument and affirm that the facts stated herein ar	Date re true. I am aware that the false information submitte	ed in a
	e Department of State constitutes a third degree fellows for the State of State of Signature/Incorporator		·
•		第2 0 デ	T) :::
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