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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

g 4/11/14

COVER LETTER

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

SUBJECT: Italia Cuisine Co.

(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: Maria Paola Santagati

Name (Printed or typed)

11174 Ledge ment Lane

Address

Windermere, FL 34786

City, State & Zip

407 375-5338

Daytime Telephone number

vipajo@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Italia Cuisine Co.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

11174 Ledgement Lane

Windermere FL 34786

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MAILING ADDRESS, IF DIFFERENT IS:
DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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: _____

(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: Maria Paola Santagati
Address: 11174 Ledge ment Ln.
Windermere, Fl 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Paola Santagati
Address: 11174 Ledge ment Ln.
Windermere Fl. 34786

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

Maria Paola Santagati
Required Signature/Registered Agent

4/4/14
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.

Maria Paola Santagati
Required Signature/Incorporator

4/4/14
Date

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