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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
TUTTO FOODS ASSOCIATES INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$78.75

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8/13/2014

08/13/2014 16:02 3056339696 CORP USA PAGE 01/04

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COVER LETTER

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

SUBJECT: TUTTO FOODS ASSOCIATES 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 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: PAUL JASINSKI
Name (Printed or typed)

5960 NW 99 AVE UNIT 3
Address

DORAL, FL 33178
City, State & Zip

305-718-9600 X213
Daytime Telephone number

MC@USAOLL.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)

ARTICLE I NAME
The name of the corporation shall be: TUTTO FOODS ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

5960 NW 99 AVE. UNIT 5
DORAL FL, 33178

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: SALES AND DISTRIBUTION OF FOOD AND OTHER PRODUCTS AND OTHER LAWFULL BUSINESS FOR PROFIT

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO CAPUTO, PRES, DIRECTOR
Address: 5960 NW 99 AVE UNIT 5
DORAL, FL 33178

Name and Title: FABIO RODRIGUEZ VP, DIRECTOR
Address: 5960 NW 99 AVE UNIT 5
DORAL, FL 33178

Name and Title: JOSUE R LEON VP, SECT.,DIRECTOR
Address: 7962 NW 116 AVE.
DORAL, FL 33178

Name and Title:
Address:

Name and Title:
Address:

14 AUG 13 AM 11:34

(cont.)

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: PAUL JASINSKI

Address: 5960 NW 99 AVE. UNIT 3

DORAL, FL 33178

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: PAUL JASINSKI

Address: 5960 NW 99 AVE. UNIT 3

DORAL, FL 33178

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

Paul Jasinski

Required Signature/Registered Agent

AUGUST 13, 2014

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.

Paul Jasinski

Required Signature/Incorporator

AUGUST 13, 2014

Date

14 AUG 13 AM 11:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

08/13/2014 16:02 3056339696 CORP USA PAGE 04/04