P400080344

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Cı	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
_				
/D:	siness Entity Nan	20)		
(Bt	isiness Enuty Ivan	те)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Certified Copies	_ Certificates	or Status		
Special Instructions to Filing Officer:				
	•			
		ļ		
- 1	Office Use Onl	·		



300264006373

09/29/14--01034--002 **70.00

14 SEP 29 PM 1: 46

MD 930

COVER LETTER

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

SUBJECT:	ITALIAN GR		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 CO	PY REQUIRED
FROM:	MICHAEL	MENNA (Printed or typed)	
·	807 SW	10= AV	೬
		Address	
γ ₋	BOCA RAT	State & Zip	33486
	954-	245.285	
	\circ	elephone number	
	F-mail address: (to be use	AOL. COM	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)

	in compnance with	chapter our androi	Chapter 021, P.S. (FIC	
ARTICLE I NAM The name of the corpora	tion shall be:	ACIAN O	GREEN I	Nc. To To
	NCIPAL OFFICE			\$\$ 19 T
	Principal street address		Mailing	address, if different is:
165 N	E 2 Nd Ave			- Teo -
DelRAU	Bench, Fl	₹ ₹444		7. E
	7001, 71	<u> </u>		
ARTICLE III PUR	DOCE	· · · ·		
The purpose for which t	he corporation is organized	is: ANY	LAWFUL	purpose.
				rı
				
	RES			
The number of shares of	stock is: / OO			
ARTICLE V INIT	TIAL OFFICERS AND/O	R DIRECTORS	• ;	
Name and Title	Michel ME	JNA-PRESN	Secy	
	807 SW 10	. .		· · · · · · · · · · · · · · · · · · ·
Address				
	BOCA RATON,	F1 33486		
	•			
Name and Title:		N	ame and Title:	
Address		A	.ddress:	
		٠		
No. and this			1 min	
Name and Title:		N	ame and Title:	
Address		A	ddress:	
		· · · · · · · · · · · · · · · · · · ·	-	
		,		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) Name: Mich &L MENNA Address: 807 SW 10 Ave	PR T
BOCA RATON, FL 3: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: MICHEL MENNA Address: 807 SW 10° AN	
BOCA RATON, FL	2.33486 vocess for the above stated corporation at the place designated in
Required Signature/Registered Agent	t Date
document to the Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date