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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

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

SUBJECT: Sinc	o's Pizzeria Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM: S	inan Turkel	,	
2	Nam Nam Villowbond F	e (Printed or typed)	

Daytime Telephone number

Address

City, State & Zip

Saint Augustine, Florida 32092

sinanturkel@yahoo.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)

The name of the corpor	ration shall be: Sino's Pizzeria II	nc.		
ARTICLE II PR	Principal office Principal street address		Mailing address, if different is:	
2440 Willowbend Dr. Saint Augustine, FL		2440 Willowbend Dr.		
		Saint Augustine, FL		
32092			32092	
ARTICLE III PU	RPOSE The co	ornoration is o	ragnized in order to conduct	
	RPOSE In the corporation is organized is:  The corporation is organized is:			
	ss in the State of Florida. T			
	e in the restaurant, caterin			
<del></del>	the purpose which the corp		<del></del>	
	h corporations may be organi	zea unaer the i	Florida Business Corporation	
Act.				
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
The number of shares of ARTICLE V IN	ARES of stock is: 100  ITIAL OFFICERS AND/OR DIRECT tle: Sinan Turkel - Preside 2440 Willowbend Dr. Saint Augustine, FL		Figen Turkel - Secretary 2440 Willowbend Dr. Saint Augustine, FL	
	32092		32092	
Name and Titl	<sub>e:</sub> n/a	Name and Title	n/a	
Address	n/a		n/a	
Name and Titl Address	<sub>e:</sub> n/a n/a		n/a n/a	

Name and	<sub>d Title:</sub> n/a	Name and Title	<u>n/a                                     </u>			
Address	n/a	Address:	n/a			
ARTICLE VI	REGISTERED AGENT	14 1 1 1				
-	orida street address (P.O. Box NOT acceptable) of Sinan Turkel	the registered ag	ent is:			
Name:	2440 Willowbend Dr.					
Address:	Saint Augustine, FL 32092		7 <b>7</b>			
ARTICLE VII	INCORPORATOR		1			
The name and ad	dress of the Incorporator is:		3 5 S			
Name:	Sinan Turkel		50 (A)			
Address:	2440 Willowbend Dr.		န⊬် ယ အ			
	Saint Augustine, FL 32092					
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in						
	am familiar with and accept the appointment as reg					
	of the		11/04/14			
	Required Signature/Registered Agent	<u> </u>	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.						
aocument to the l	Department of State constitutes a third degree felony	y as provided for	in s.61/.155, F.S.			
<del> </del>	Required Signature/Incorporator		11/04/14 Date			
	Required Signature/meorpolator		Date			