

# P/50000034/5

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ITALIAN FOOD JOURNEY CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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*01/14/15*

**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: ITALIAN FOOD JOURNEY CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

650 NW 43 AVENUE

MIAMI, FL 33126

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CATERING OF FOOD FOR EVENTS AND PRIVATE PARTIES.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 AT \$1.00 EACH

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: FRANCESCA PORPIGLIA, PRESIDENT

Address: 650 NW 43 AVENUE  
MIAMI, FL. 33126

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: FRANCESCA PORPIGLIA, TREASURER

Address: 650 NW 43 AVENUE  
MIAMI, FL. 33126

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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(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: EMILIO B. ALVAREZ  
Address: 650 NW 43 AVENUE  
MIAMI, FL. 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EMILIO B. ALVAREZ  
Address: 650 NW 43 AVENUE  
MIAMI, FL. 33126

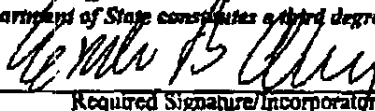
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

1/13/2015

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.*

  
Required Signature/Incorporator

1/13/2015

Date

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