

PS000068204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

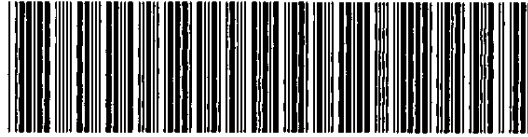
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/10/15--01019--010 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG -10 PM 2:05

APPROVAL
AND
FILED

Handwritten signature

COVER LETTER

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

SUBJECT: D. America's Pizzeria, 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: Salvatore Ardizone
Name (Printed or typed)

5555 1st Ave East #105
Address

Bradenton, Florida 34208
City, State & Zip

845-380-2194
Daytime Telephone number

salardizone@icloud.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: D. America's Pizzeria, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5555 1st Ave East #105
Bradenton, FL 34208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pizzeria and Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Salvatore Ardizzone PVST Name and Title: _____

Address 5555 1st Ave East #105 Address: _____
Bradenton, FL 34208

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

15 AUG -10 PM 2:05

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Salvatore Ardizzone

Address: _____

5555 1st Ave E #105

Bradenton, FL 34208

ARTICLE VII INCORPORATOR

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

Name: _____

Salvatore Ardizzone

Address: _____

5555 1st Ave E #105

Bradenton, FL 34208

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/1/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

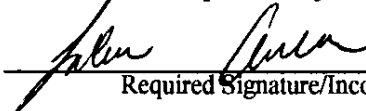


Required Signature/Registered Agent

08/05/15

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

08/05/15

Date