

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
NOVIO'S CAFE CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

AUG 25 2015

S. GILBERT

07/05/2033 06:20  
08/24/2015 15:10

385-556-3448

#6749 P.002/003

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Novio's Cafe Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2692 Palm Ave  
Mialeats - Florida 33012

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Roger J. Alfonso - P

15 AUG 24 AM 7:47

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ROGER J. ALFONSO  
9760 SW 18th St # D-9  
MIAMI - FL 33157

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Roger J. Alfonso  
9760 SW 18th St # D-9  
MIAMI - FL 33157

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**Required Signatures:**

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

X  8/24/15  
Registered Agent 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.

 8/24/15  
Incorporator Date

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