

P15000082075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

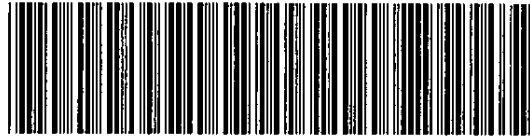
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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W15-62040

Office Use Only



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09/04/15--01020--004 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT -1 PM 5:02

APPROVED  
AND  
FILED

## COVER LETTER

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

**SUBJECT:** Hospitality Solutions USA, LLC

(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:** Anthony Corallo

Name (Printed or typed)

254 Pueblo Street

Address

Tavernier, FL 33070

City, State & Zip

305.304.0556

Daytime Telephone number

AJ@HospitalitySolutionsUS.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2015

ANTHONY CORALLO  
254 PUEBLO STREET  
TAVERNER, FL 33070

SUBJECT: HOSPITALITY SOLUTIONS USA, LLC  
Ref. Number: W15000062040

We have received your document for HOSPITALITY SOLUTIONS USA, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 715A00019745

APPROVED  
AND  
FILED

**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: Hospitality Solutions USA, ~~LLC~~ **INC.**

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**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address  
10 High Point Road, **US 90 E**  
Tavernier, FL 33070

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: business and management consulting to the restaurant and hotel trade

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Anthony Corallo, President

Address: 254 Pueblo Street  
Tavernier, FL 33070

Name and Title: **SHANNON CORALLO, V.P.**

Address: **254 PUEBLO ST**  
**TAVERNIER FL 33070**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

APPROVED  
AND  
FILED

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

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

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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: Dennis Ward

Address: 10 High Point Road, Unit C

Tavernier, FL 33070

**ARTICLE VII INCORPORATOR**

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

Name: Anthony Corallo

Address: 10 High Point Road, Unit C

Tavernier, FL 33070

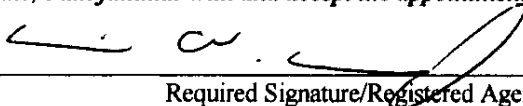
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

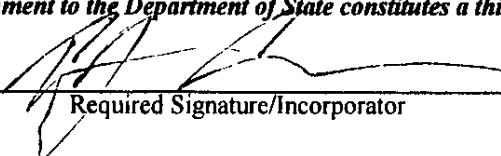


Required Signature/Registered Agent

8/17/15

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

8/17/15

Date