

From:

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10/23/2015 07:39

#353 P.001/003

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****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
GIUSEPPE PIZZUTO INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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: Giuseppe Pizzuto Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

817 NE 88TH ST

MIAMI FL; 33138

Mailing address, if different is:

817 NE 88TH ST

MIAMI FL, 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Giuseppe Pizzuto/President

Address: 817 NE 88TH ST

MIAMI FL, 33138

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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From:

(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: Giuseppe Pizzuto

Address: 817 NE 88TH ST
MIAMI FL, 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Giuseppe Pizzuto

Address: 817 NE 88TH ST
MIAMI FL, 33138

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

ⓐ *Giuseppe Pizzuto*
 Required Signature/Registered Agent

10-20-15
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.

ⓑ *Giuseppe Pizzuto*
 Required Signature/Incorporator

10-20-15
Date

