

DEC/16/2015 01:25 PM

12/16/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
MIMMO'S MOZZARELLA, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, BRUNO PONCE who after being first duly sworn, under oath, deposes and says:

1. He undersigned is the President of MIMMO'S MOZZARELLA, INC a Florida corporation, filed with the Florida Department of State on NOVEMBER 20, 2010.
2. The undersigned hereby consents to and authorizes the use of the name MIMMO'S MOZZARELLA, INC
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

Bruno Ponce

BRUNO PONCE

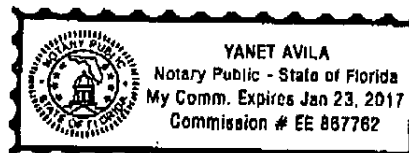
STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, BRUNO PONCE who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 15 day of DECEMBER, 2015.



Notary Public



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15 DEC 16 AM 9:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC/16/2015/WED 01:28 PM

FAX No.

P. 003

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME MIMMO'S MOZZARELLA, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
475 NE 123 ST
NORTH MIAMI, FL 33161 727 2ND STREET 2
MIAMI BEACH, FL 33139

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	BRUNO PONCE (P)	Name and Title:	_____
Address	727 2ND STREET	Address:	_____
	2		_____
	MIAMI BEACH, FL 33139		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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P. 004

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: BRUNO PONCE
Address: 727 2ND STREET 2
MIAMI BEACH, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRUNO PONCE
Address: 727 2ND STREET 2
MIAMI BEACH, FL 33139

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TALLAHASSEE, FLORIDA

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

Bruno Ponce 12/16/2015
Required Signature/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.

Bruno Ponce 12/16/2015
Required Signature/Incorporator Date