

P 1 6000003550

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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((H160000108123)))



H160000108123ABCT

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

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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
ART DECOR ITALIA INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

105136

Electronic Filing Menu Corporate Filing Menu

Help

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16 JAN 13 PM 3:00

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16 JAN 13 PM 3:24

1/14/16

H16000010812

COVER LETTER

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

SUBJECT: ART DECOR ITALIA 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: BRUNO SARTORI
Name (Printed or typed)
255 OCEANIC AVENUE
Address
LAUDERDALE BY THE SEA, FLORIDA 33308
City, State & Zip
954-309-1109
Daytime Telephone number
SARTORI@SARTORIUSA.COM
E-mail address: (to be used for future annual report notification)

FILED
16 JAN 13 PM 3:00
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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)

16 JAN 13 PM 3:00

ARTICLE I NAME
The name of the corporation shall be: ART DECOR ITALIA INC

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1660 SW 120 TERRACE

PEMBROKE PINES, FLORIDA 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY IN THE UNITED STATES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES @ \$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARMELO ROBERTO BUREI D.P.S

Name and Title: _____

Address 1660 SW 120 ERRACE

Address: _____

PEMBROKE PINES, FL. 33025

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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 SARTORI
Address: 255 OCEANIC AVENUE
FORT LAUDERDALE, FL. 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRUNO SARTORI
Address: 255 OCEANIC AVENUE
FORT LAUDERDALE, FL. 33308

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 as 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 1/13/2016
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 1/13/2016
Date

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