

P/6000009254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

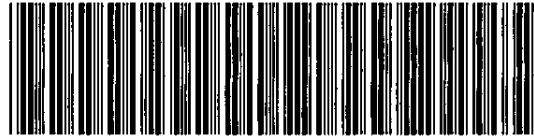
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000280067570

01/22/16--01015--010 \*\*79.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN 22 PM 2:45

*02/02/16*

## COVER LETTER

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

**SUBJECT:** Una Dolce Vista, 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:** Gregory DeCosmo

Name (Printed or typed)

1951 Bayou Grande Blvd NE

Address

St Petersburg, FL 33703

City, State & Zip

727-417-3703

Daytime Telephone number

greg@atlearningadventures.com

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

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

**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: Una Dolce Vista, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
101 Main Street, Suite B  
Safety Harbor, FL 34695

Mailing address, if different is:  
1951 Bayou Grande Blvd NE  
St Petersburg, FL 33703

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Own and operate a storefront for sales of various merchandise.

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: Elinor DeCosmo, President and Sec'y  
Address: 1951 Bayou Grande Blvd NE  
St Petersburg, FL 33703

Name and Title: Gregory DeCosmo, VP and Treasurer  
Address: 1951 Bayou Grande Blvd NE  
St Petersburg, FL 33703

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

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

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN 22 PM 2:45

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: Elinor DeCosmo

Address: 1951 Bayou Grande Blvd NE

St Petersburg, FL 33703

**ARTICLE VII INCORPORATOR**

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

Name: Gregory DeCosmo

Address: 1951 Bayou Grande Blvd NE

St Petersburg, FL 33703

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN 22 PM 2:45

**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

1/19/16

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

1/19/16

Date