

P1600W56701

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(Business Entity Name)

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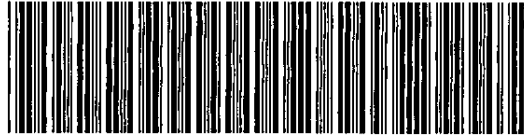
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W1600W56701

JUL 11 2016

T. SCOTT



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16 JUL - 6 AM 9:46

Division of Enterprise



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2016

DONNA FIORE  
3808 SUN CITY CENTER BLVD  
SUN CITY CENTER, FL 33573

SUBJECT: FIORE, INC.  
Ref. Number: W16000043607

RECEIVED  
16 JUL -6 PM 3:45  
TALLAHASSEE, FLORIDA

We have received your document for FIORE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 916A00012718

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

FIORE, 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: \_\_\_\_\_

DONNA FIORE

Name (Printed or typed)

3808 SUN CITY CENTER BLVD.

Address

SUN CITY CENTER, FL 33573

City, State & Zip

813 - 417 - 5957

Daytime Telephone number

dmfioire2@hotmail.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: FIORE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3808 SUN CITY CTR. BLVD.  
SUN CITY CENTER, FL 33573

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO OPERATE A RESTAURANT  
IN SUN CITY CENTER FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: DONNA FIORE, P Name and Title: \_\_\_\_\_

Address 1020 BLUEWATER DR Address: \_\_\_\_\_  
SUN CITY CENTER, FL  
33573

Name and Title: MATTHEW FIORE, V and Title: \_\_\_\_\_

Address 7529 OXFORD GARDEN Address: \_\_\_\_\_  
APOLLO BEACH, FL  
33572

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

16 JUL -6 AM 9:45

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: DONNA FIORE  
Address: 1020 BLUEWATER DR.  
SUN CITY CENTER, FL 33573

**ARTICLE VII INCORPORATOR**

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

Name: DONNA FIORE  
Address: 1020 BLUEWATER DR.  
SUN CITY CENTER, FL 33573

**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*

Donna Fiore

Required Signature/Registered Agent

6/8/16

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.*

Donna Fiore

Required Signature/Incorporator

6/8/16

Date