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(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL .		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

~ 09/30/K

COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00	Tallahassee, FL 32	2314		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$878.75 \$887.50 \$Filing Fee & Certificate of Status \$Certified Copy & Certified Copy & Certified Copy & Certificate of Status **ADDITIONAL COPY REQUIRED** **PROM:** Daniel A Smith **Name (Printed or typed)** 228 Glen Eagle Circle **Address**	SUBJECT: BA			
Filing Fee Filing Fee & Certificate of Status \$78.75		(PROPOSED CORPORA	ÄTE NAME – <u>MÜST INCL</u>	<u>UDE SÜFFIX</u>)
Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Daniel A Smith Name (Printed or typed) 228 Glen Eagle Circle Address	Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
FROM: Daniel A Smith Name (Printed or typed) 228 Glen Eagle Circle Address	•	Filing Fee	Filing Fee	Filing Fee, Certified Copy & Certificate of
Name (Printed or typed) 228 Glen Eagle Circle Address			ADDITIONAL CO	OPY REQUIRED
228 Glen Eagle Circle Address	FROM: _		e (Printed or typed)	
			. ,	
Naples, Florida 34104				
City, State & Zip		•		

239-272-2342

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

Daytime Telephone number

bacipizza1@gmail.com

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

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

The name of the corporation shall be: BACI PIZZARIA RESTAORANTE, INC.				
ARTICLE II PRINCIPAL OFFICE Principal street address 2364 Tamiami Trail East		Mailing address, if different is:		
Suite 1				
Naples, Florid	a 34112			
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is: Any and	d all lawful business		
		55 SECRI		
		EP 29 C		
		RY OF STATE CORPORATIONS 9 AM 9: 46		
		9 02 V		
		£ 710N		
ARTICLE IV SHA The number of shares of s	RES stock is: 20			
		_		
ARTICLE V INIT Name and Title	<u> TAL OFFICERS AND/OR DIRECTOR:</u> Francesco Garofalo - President	Name and Title:		
Address	2364 Tamiami Trail East	Address:		
- Address	Suite 1	Audress.		
	Naples, Florida 34112			
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	
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Francesco Garofalo	
Address:	2364 Tamiami Trail East, Ste1	
	Naples, Florida 34112	2
		16 VISE
ARTICLE VII	INCORPORATOR	SEP SEP
The name and ad	dress of the Incorporator is:	TARE OF C
Name:	Daniel A Smith	A REGIONAL PROPERTY OF THE PRO
Address:	228 Glen Eagle Circle	9. ST
	Naples, Florida 34104	re Allowa
this certificate, I a	ım familiar with and acçept the appointment as reg	
TWMU	Required Signature/Registered Agent	Date
I submit this doc		true. I am aware that the false information submitted in a
accument to the I	Department of State Constitutes a mira degree feating	September 26, 2016
	Required Signature/Incorporator	Date