

P16000084712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

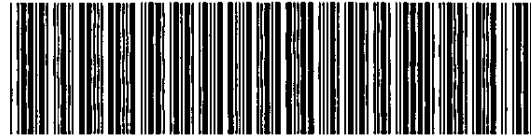
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2016

JULIE MANCO
4141 CR 121 D
WILDWOOD, FL 34785

SUBJECT: GIO'S DELI AND MERCATO ITALIANO, INC.
Ref. Number: W16000057127

We have received your document for GIO'S DELI AND MERCATO ITALIANO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Only one person can be registered agent.,

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: 016A00017422

COVER LETTER

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

SUBJECT: Gio's Deli and Mercato Italiano, 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: Julie Manco
Name (Printed or typed)

4141 CR 121D
Address

Wildwood, FL 34785
City, State & Zip

(352) 751-6674
Daytime Telephone number

giovannimanco@aol.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:

Gio's Deli and Mercato Italiano Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2927 CR 201
Oxford, FL 34484

4141 CR 121D
Wildwood FL 34785

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Italian deli/restaurant/
retail

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Giovanni Manco Pres.

Address

4141 CR 121D
Wildwood FL
34785

Name and Title:

Julie Manco, VP/Sec/treas.

Address:

4141 CR 121D
Wildwood, FL
34785

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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:

Julie Manco

Address:

4141 CR 121 D

Wildwood, FL 34785

ARTICLE VII INCORPORATOR

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

Name:

Julie Manco

Address:

4141 CR 121 D

Wildwood FL 34785

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

Julie Manco

Required Signature/Registered Agent

10.18.16

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.

Julie Manco

Required Signature/Incorporator

10.18.16

Date