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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
TURA OFF FLORIDA CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

AUG 30 2017

K. Brumbley

COVER LETTER

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

SUBJECT: TURA OFF FLORIDA CORP.
(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: CRISTIAN GIACULLI
Name (Printed or typed)

20807 BISCAYNE BLVD. SUITE 104
Address

AVENTURA, FL 33180
City, State & Zip

3059877240
Daytime Telephone number

lavand@grgcpa.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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: TURA OFF FLORIDA CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address
20807 BISCAYNE BLVD. # 104
AVENTURA, FL 33180

Mailing address, if different

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GUSTAVO J. PIAZZA, PRESIDENT
Address: 20807 BISCAYNE BLVD. # 104, AVENTURA, FL 33180

Name and Title:
Address:

Name and Title: HORACIO D. PIAZZA, VICEPRES
Address: 20807 BISCAYNE BLVD. # 104, AVENTURA, FL 33180

Name and Title:
Address:

Name and Title: REINALDO J. PIAZZA, CEO
Address: 20807 BISCAYNE BLVD. #104, AVENTURA, FL 33180

Name and Title:
Address:

(cont.)

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: MARK GERSTLE

Address: 2630 NE 203 STREET, SUITE 104

AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GUSTAVO J. PIAZZA

Address: 20807 BISCAYNE BLVD. # 104

AVENTURA, FL 33180

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

_____ 8/28/17

Required Signature Registered Agent 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.

_____ 08-28-17

Required Signature/Incorporator Date