

P17000097882

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

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Account Number : 120100000009
Phone : (305) 599-0839
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ITALIAN CATERING PASTA & PIZZA CORP**

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

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DEC 12 2017



December 6, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: ITALIAN CATERING PASTA & PIZZA CORP
REF: W17000096605

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: E17000318797
Letter Number: 417A00024614

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

ARTICLE I NAME

The name of the corporation shall be: ITALIAN CATERING PASTA & PIZZA CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2125 BISCAYNE BOULEVARD 580 A
MIAMI FLORIDA 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TRANSACT ANY LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 OF \$ 1.- PAR VALUE EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GIRO VARIABLE

Name and Title: PRESIDENT/D

Address

Address:

2125 BISCAYNE BLVD 580 A
MIAMI FLORIDA 33137

Name and Title: DANIELA VESPA

Name and Title: VICE PRESIDENT

Address

Address:

2125 BISCAYNE BLVD 580 A
MIAMI FLORIDA 33137

Name and Title: ANDREA VARIABLE

Name and Title: TREASURER

Address

Address:

2125 BISCAYNE BLVD 580 A
MIAMI FLORIDA 33137

NAME & TITLE CRISTIANA BARUFFO
2125 BISCAYNE BLVD 580 A
MIAMI FLORIDA 33137

ASSISTANT TREASURER

NAME & TITLE MARIA CLAUDIA VARIALE

SECRETARY
2125 BISCAYNE BLVD 580A
MIAMI FL 33137

Name and Title: FABIANA VARIALE

Name and Title: ASSISTANT SECRETARY

Address: _____

Address: _____

2125 BISCAYNE BLVD 580A

MIAMI FL 33137

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Ugo V. Chiarato

Address: _____

Certified Public Accountant

Florida & New York States

2125 Biscayne Boulevard - Suite 580 A

Miami, Florida 33137

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: _____

CIRD

VARIALE

Address: _____

2125 BISCAYNE BLVD 580A

MIAMI FL 33137

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 days prior or 90 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.

Ugo V. Chiarato
Required Signature/Registered Agent

NOV 28, 2017
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.817.153, F.S.

Variale Fabio
Required Signature/Incorporator

12/04/17
Date