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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only

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COVER LETTER

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

SUBJECT: BA	CI PIZZA, INC.		
	(PROPOSED CORPORA	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
1 KOM:	7149 Serrano Wa	e (Printed or typed)	
В	onita Springs, Fl		
23	City. 39-272-2342	. State & Zip	
	Daytime T	Telephone number	<u>. </u>
ba	cipizza1@gmail.co		
	E-mail address: (to be use	ed 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)

name of the corpor	INCIDAL OFFICE		
Principal <u>office</u> Principal <u>street</u> address 2364 Tamiami Trail East, Suite 1		Mail	ling address, if different is:
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laples, Flori	<u> </u>		
apico, i ion			
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RTICLE III PU	the corporation is organized is: All law	iul activities d	of a Florida
orporation.	the corporation is organized is:		
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Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Francesco Garofalo	<i>g g</i>
Address:	2364 Tamiami Trail East, Suite 1	
	Naples, Florida 34112	
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	Daniel A. Smith, EA	
Address:	27149 Serrano Way	
	Bonita Springs, Florida 34135	
Having been nan	In familiar with and accept the appointment as reg	for the above stated corporation at the place designal istered agent and agree to act in this capacity June 19, 201
U	Required Signature/Registered Agent	Date
I submit this document to the I	ument and affirm that the facts stated herein are in Department of State constitutes a third degree felony	rue. I am aware that the false information submitted as provided for in s.817.155, F.S.
		June 19, 201
	Required Signature/Incorporator	Date