

PI9000081103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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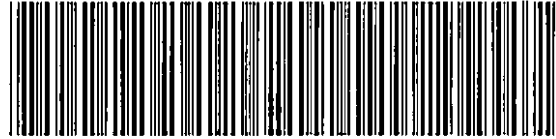
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 OCT 30 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FL

19 OCT 30 14:19:26

N CULLIGAN

OCT 31 2019

## COVER LETTER

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

**SUBJECT:** Hollywood in Rome 1433 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Michael Litshitz  
Name (Printed or typed)  
  
14534 Autumn Avenue  
Address  
  
Wellington, FL 33414  
City, State & Zip  
  
561.722.4258  
Daytime Telephone number  
  
mlngmt1@gmail.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, FL

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: Hollywood in Rome 1433 Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14534 Autumn Avenue

Wellington, FL 33414

Mailing address, if different is:

**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: Valeria Bonotti, President

Address: Ethelburga Tower, Rosenau Road  
Flat 57  
SW11 4AB, London, UK

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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**

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

Name: Michael Lifshitz  
Address: 14534 Autumn Avenue  
Wellington, FL 33414

**ARTICLE VII INCORPORATOR**

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

Name: Michael Lifshitz  
Address: 14534 Autumn Avenue  
Wellington, FL 33414

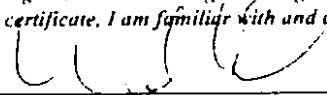
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: November 1, 2019 (OPTIONAL)

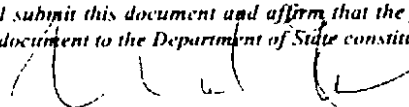
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

  
\_\_\_\_\_  
Required Signature/Registered Agent 10/29/19  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator 10/20/19  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FL  
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