

P19000090258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

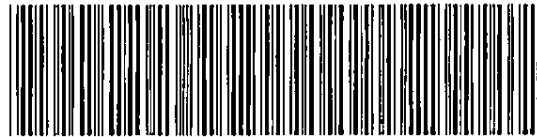
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100337788291

12/09/19--01004--013 **70.00

FILED
2019 DEC -9 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FL

DEC 10 2019
N CULLIGAN

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. FIORITO MIAMI CORP.

(Corporation Name)

Document #

2.

(Corporation Name)

Document #

3.

(Corporation Name)

Document #

4.

(Corporation Name)

Document #

☒ Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy

___ Certificate of Status

NEW FILINGS

☒ Profit
___ Not for Profit
___ Limited Liability
___ Domesitication
___ Other

AMMENDMENTS

___ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger

OTHER FILINGS

___ Annual Report
___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign
___ Limited Partnership
___ Reinstatement
___ Trademark
___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: FIORITO MIAMI 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: Martin Delloca
Name (Printed or typed)

777 Brickell Ave Ste 500-49
Address

Miami, FL 33131
City, State & Zip

305 607 3493
Daytime Telephone number

mdelloca @ mdell consulting .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: Fiorito Miami Corp

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5555 NE 2nd Ave
Miami, FL 33137

Mailing address, if different is:
777 Brickell Ave Ste 500-49
Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maximiliano N Alvarez (P)

Address: 5555 NE 2nd Ave
Miami, FL 33137

Name and Title: _____

Address: _____

Name and Title: Cristian H. Alvarez (VP)

Address: 5555 NE 2nd Ave
Miami, FL 33137

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2019 DEC -9 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: Mdell Consulting Corp
Address: 777 Brickell Ave Ste 500-49
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mdell Consulting Corp
Address: 777 Brickell Ave Ste 500-49
Miami, FL 33131

2018 DEC -9 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

Mdell

Required Signature/Registered Agent

12/8/19
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.

Mdell

Required Signature/Incorporator

12/8/19
Date