

P20000012794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

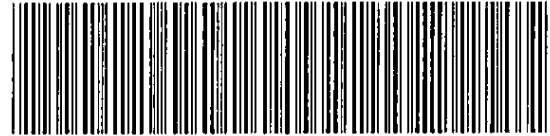
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100340442701

100340442701
02/12/20--01003--012 **70.00

20 FEB 12 11:27
2020 FEB 12 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

FEB 12 2020
Brumby

COVER LETTER

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

SUBJECT: NEW YORK ROMA PIZZA & PASTA CG, 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: Calvin Azadi, Esq.
Name (Printed or typed)

78 SW 7th. St., Suite 500
Address

Miami, FL 33130
City, State & Zip

786-757-6877
Daytime Telephone number

calvin@azadilaw.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: NEW YORK ROMA PIZZA & PASTA CG, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
2985 McFarlane Rd. Miami, FL 33133-6010

Mailing address, if different is:
2900 SW 100 Ave, Miami, FL 33165

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: Tomas Euvin, Director

Name and Title: _____

Address 2900 SW 100 Ave, Miami, FL 33165

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 FEB 12 PM 12:28
SECRETARY
TALLAHASSEE, FL 32301

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: Azadi Law, P.A.

Address: 78 SW 7th. St., Suite 500, Miami, FL 33130

ARTICLE VII INCORPORATOR

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

Name: Calvin Azadi, Esq.

Address: 78 SW 7th. St., Suite 500, Miami, FL 33130

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



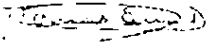
Required Signature/Registered Agent

2-10-2020

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.

X



Required Signature/Incorporator

2-10-2020

Date