





**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: \_\_\_\_\_

REC. FILED  
TALLAHASSEE, FL 32301  
2020 FEB 12 PM 12:28

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

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

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\_\_\_\_\_

**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*



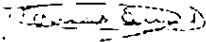
\_\_\_\_\_  
Required Signature/Registered Agent

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