2021-09-28 14:57 CD Torida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

: (800)221-2972

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FLORIDA PROFIT/NON PROFIT CORPORATION FRAGALE MANAGEMENT CORP.

Estimated Charge	\$70.00
Page Count	01
Certified Copy	0
Certificate of Status	0

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: ARTICLE II PRINCIPAL OFFICE Principal street address: 801 S Federal Highway Apt \$20			Mailing address, if different is: 801 S Federal Highway Apt 820		
Pompano Beach, FL 33062		<u>Po</u>	mpano Beach, FL 3306	52	******
ARTICLE III PURPOSE The purpose for which the corporation	on is organized is. restaurant n	nænagement			
				5) <u>G</u>	7921
				<u> </u>	85 438
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICES				OF STATE SEE, FL	1M 9: 50
Name and Title: SALVAT	ORE FRAGALE, PRESIDEN	Name and	Fitle:		
	DERAL HIGHWAY Apt 820 O BEACH, FL 33062	Address:			
Name and Title:		_ Name and 1	Fide:		
Address		_ Address:			
Name and Title		_ _ Name and I	Fitle		
Address		_ Address:			

Name and Title.		Name and Title.		
Address		Address.	,	
	REGISTERED AGENT			
The name and F	lorida street address (P.O. Bex NOT acceptable) e	of the registered agent is:		
Name:	Salvatore Fragale	_		
Address	801 S FEDERAL HIGHWAY APT 820			
	POMPANO BEACH, FL 33062)	
ARTICLE VII	<u>INCORPORATOR</u>	SECRETARY OF STA	ر در او در او	
The name and ac	ddress of the Incorporator is.	5.7000000000000000000000000000000000000	<u>Σ</u>	
Name:	STEPHAN MONEREAU	<u> </u>	Ē.	
Address.	100 WALL STREET, STE 503	_ PA): 50	
	NEW YORK, NY 10005		_	
Effective date, if (If an effective d filing.)		ot be more than five days prior or 90 days after the		
Note: If the date the document's ef	inserted in this block does not meet the applicable ffective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as		
Having been nam certificate, I am fa	ed as registered agent to accept service of process f amiliar with and accept the appointment as register	for the above stated corporation at the place designated in thi red ayent and agree to act in this capacity	S.	
	522	09/04/2021		
/ X	Required Signature/Registered Agent	Date		
I submit this doci document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s , 817.155 , F . S .	1	
	L. Park	09/24/2021		
Required Signatur	re/Incorporator	Date		