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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC.
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: VinnyLaFrance@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
TUSCANY MARKET FLORIDA, INC

Certificate of Status	1
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Estimated Charge	\$78.75

2022 OCT 11 PM 4:50

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: TUSCANY MARKET FLORIDA, 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: VINCENT MARCELLARO-LAFRANCA

Name (Printed or typed)

6562 AMARONE LN

Address

NAPLES, FL 34113

City, State & Zip

732-856-0835

Daytime Telephone number

VINNYLAFRANCA@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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(H220003493083)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: TUSCANY MARKET FLORIDA, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
7890 SUMMERLIN LAKES DR STE #102FORT MYERS, FL 33907Mailing address, if different is:
6582 AMARONE LNNAPLES, FL 34113**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: VINCENT MACELLARO-LAFRANCA / PRESAddress: 6582 AMARONE LNNAPLES, FL 34113

Name and Title: _____

Address: _____

Name and Title: VINCENZO CANGIALOSI / V PRESAddress: 7890 SUMMERLIN LAKES DR STE #102FORT MYERS, FL 33907

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: VINCENT MARCELLARO-LAFRANCA
 Address: 8562 AMARONE LN
NAPLES, FL 34113

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:


Name: VINCENT MARCELLARO-LAFRANCA
 Address: 8562 AMARONE LN
NAPLES, FL 34113

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

10/11/22
 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.817.55, F.S.


 Required Signature/Incorporator

10/11/22
 Date

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