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(Address)

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(City/State/Zip/Phone #)

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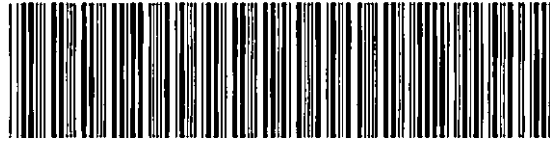
(Business Entity Name)

(Document Number)

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DEC 21 2022

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DIVISION OF CORPORATIONS
22 DEC 20 PM 11:06

2022 Dec 20 AM 11:19

COVER LETTER

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

SUBJECT: HAVANA CAPPUCCINO CO.

(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: Vinnie Anne Ciafre

Name (Printed or typed)

Dilworth Paxson LLP 1500 Market St., Suite 3500E

Address

Philadelphia, PA 19102

City, State & Zip

215.575.7058

Daytime Telephone number

veiafre@dilworthlaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/20/2022
Acc#I20160000072

en: c DW

Name:	HAVANA CAPPUCCINO CO.
Document #:	
Order #:	14688445

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

<i>vciafre@dilworthlaw.com</i>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75

Thank you!

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: HAVANA CAPPUCCINO CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

34 Island Drive

Key Largo, FL

33037

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to distribute and sell coffee beverages

SECRET
DIVISION OF STATE
CORPORATIONS
26 DEC 20 PM 11:06

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John C. Imbesi, Director

Name and Title: John C. Imbesi, President & Secretary

Address: 34 Island Drive

Address: 34 Island Drive

Key Largo, FL

Key Largo, FL

33037

33037

Name and Title: Paul Imbesi, Vice President

Name and Title: _____

Address: 612 E. Gravers Lane

Address: _____

Wyndmoor, PA

19038

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: John C. Imbesi
 Address: 34 Island Drive
Key Largo, FL 33037

STATE OF FLORIDA
 DIVISION OF CORPORATIONS
 22 DEC 20 PM 11:06

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vinnie Anne Ciafre
 Address: Dilworth Paxson LLP, 1500 Market St.
Suite 3500E, Phila., PA 19102

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

By: /s/John C. Imbesi 12.19.2022
 Required Signature/Registered Agent 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.

/s/Vinnie Anne Ciafre 12.19.2022
 Required Signature/Incorporator Date