

5/17/23 8:43 AM

Division of Corporations
 Florida Department of State
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 Electronic Filing Cover Sheet

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(((H23000182575 3)))



H230001825753ABCO

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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)850-9431
 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: Charlespecoraro@comcast.net

RECEIVED
 2023 MAY 17 AM 11:57
 CORPORATIONS
 COMMERCIAL
 SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
 DOUGH BAR RESTAURANT & PIZZERIA INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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 DEPT OF STATE
 TALLAHASSEE, FL

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Corporate Filing Menu

Help

(H230001825753)

(H23000182575.3)

COVER LETTER

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

SUBJECT: DOUGH BAR RESTAURANT & PIZZERIA 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: CHARLES PECORARO

Name (Printed or typed)

2559 LAURENTINE LANE

Address

CAPE CORAL, FL 33909

City, State & Zip

845-728-8769

Daytime Telephone number

CHARLESPECORARO@COMCAST.NET

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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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DOUGH BAR RESTAURANT & PIZZERIA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
520 KING STREETPUNTA GORDA, FL 33950

Mailing address, if different is:

2559 LAURENTINE LANECAPE CORAL, FL 33909**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: CHARLES PECORARO / PRESAddress 2559 LAURENTINE LANE
CAPE CORAL, FL 33909

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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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: CHARLES PECORARO
 Address: 2559 LAURENTINE LANE
CAPE CORAL, FL 33909

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CHARLES PECORARO
 Address: 2559 LAURENTINE LANE
CAPE CORAL, FL 33909

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*

X 
 Required Signature/Registered Agent

5/15/23
 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

5/15/23
 Date

(H230001825753)

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 MAY 1 2023
 AM 12:50
 TALLAHASSEE, FL
 DEPARTMENT OF STATE