

P23000073620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

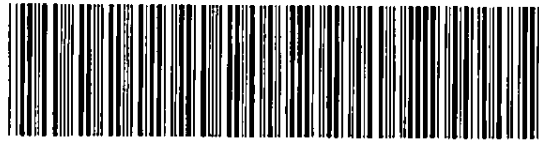
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

BA



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S. CHATFIELD
OCT 16 2023

2023 OCT 13 AM 7:29

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SECRETARY OF STATE
141 LAUREL STREET, FLORIDA

COVER LETTER

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

SUBJECT: Leo's Pizza Italiano 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: Brett Isaac
Name (Printed or typed)
2151 University Blvd S
Address
Jacksonville, FL 32216
City, State & Zip
9047309264
Daytime Telephone number
Brett@isaactaxcpa.com
E-mail address: (to be used for future annual report notification)

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

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: -120210000160 **\$70.00**

Authorization Signature: _____

Leo's Pizza Italiano Inc.

Business Name

Doc. #

___ **Certified Copy of**

___ **Certificate of Status**

NEW FILINGS

- ___ Profit Corp
- ___ Not for Profit
- ___ Officer/Director
- ___ Limited Liability
- ___ Domestication
- ___ Other
- X** ___ **CORP**
- ___ **LLLP**

AMENDMENTS

- ___ Amendment
- ___ Resignation of R.A.
- ___ Change of Registered Agent
- ___ Revocation of Dissolution
- ___ Merger
- ___ **Conversion**
- ___ **Amended and restated Articles**
- ___ **Statement of Authority**

OTHER FILINGS

- ___ Annual Report
- ___ Fictitious Name
- ___ **APOSTILLE**

Country

REGISTRATION/QUALIFICATIONS

- ___ Foreign filing
- ___ Limited Partnership
- ___ Reinstatement
- ___ **Other**

EXAMINER'S INITIALS: _____

Release and Permission to Use Name

10/13/23

To: Florida Department of State Division of Corporations

Re: Release and permission to use name

Entity's name: Leo's PIZZA Italiano, Inc.

Florida Doc. Number: P19000072039

The date the document was filed with the Division of Corporations: 6/24/2015

I give my permission to release the name: Leo's PIZZA Italiano, Inc.

to make it available to the Division of Corporations for use by others. I will not
revoke this release of name.

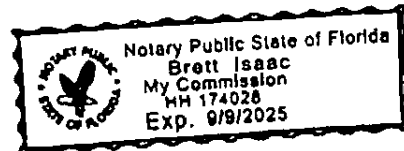
Sincerely,

Signed name: Leandro Canaj

Printed Name: Leandro Canaj Title: President

(NOTARY)

Brett Isaac 10/13/23



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: Leo's Pizza italiano Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
5150 Normandy Blvd

Mailing address, if different is:

Jacksonville, FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Operate a Resturant.

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leandro Canaj President

Name and Title: _____

Address 5150 Normandy Blvd

Address: _____

Jacksonville, FL 32205

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Brett Isaac

Address: 2151 University Blvd

Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Brett Isaac

Address: 2151 University Blvd

Jacksonville, FL 32216

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/13/2023. (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

10/13/23
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.

Required Signature/Incorporator

10/13/23
Date

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