

P24000010475

(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



300421738793

SECRETARY OF STATE
TALLAHASSEE, FL

2024 FEB -9 PM 1:43

FILED

2024 FEB -9 AM 10:44

2024 FEB -9 AM 10:44

RECEIVED

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/09/2024
Acc#120160000072

en: c DW

Name:	GIADA LONGO ROMA INC.
Document #:	
Order #:	15364730

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☒
	Plain: ☐
	COGS: ☐

Email Address for Annual Report Notifications:

--

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

Amount: \$ **78.75**

FILED
2024 FEB -9 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FL

Thank you!

COVER LETTER

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

GIADA LONGO ROMA INC.

SUBJECT: _____
(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

LUCA MARCO GIRALDIN

FROM: _____
Name (Printed or typed)
C/O MEPLAW, 12 SE 7th Street, Ste 704

Address
FORT LAUDERDALE, FL 33301

City, State & Zip
+1 (212) 202-2481

Daytime Telephone number
desk@mepamerica.net

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

FILED
2024 FEB -9 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FL

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

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

ARTICLE I NAME GIADA LONGO ROMA INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12 SE 7th Street, Ste 704

Fort Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 1,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

GIADA LONGO, President

Name and Title: _____ Name and Title: _____

VIA FRANCESCO D'OVIDIO, 55, INT. B10

Address: _____ Address: _____

00137 ROMA, RM

ITALY

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2024 FEB -9 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: C T Corporation System
Address: 1200 South Pine Island Road Plantation,
FL 33324

ARTICLE VII INCORPORATOR

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

Name: Luca Marco Giraldin
Address: c/o MEPLAW, 12 SE 7th Street, Ste 704
Fort Lauderdale, FL 33301

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: C T Corporation System
Theresa Buck, Assistant Secretary
Required Signature/Registered Agent

2/07/2024

FILED
2024 FEB -9 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FL

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

Date