

P24000023135

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H240001199603)))



H240001199603ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

La Locanda, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ma

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: La Locanda, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
419 Washington Avenue, Miami Beach, FL 33139
Mailing address, if different is:
345 Ocean Drive, Apt. 702, Miami Beach, FL 33139

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Restaurant/Hospitality and any lawful purposes

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Mario Tarricone, P	Name and Title:	Salvatore Viscomi, VP
Address	419 Washington Avenue Miami Beach, FL 33139	Address:	419 Washington Avenue Miami Beach, FL 33139

Name and Title:	Vincent Tarricone, SEC	Name and Title:	
Address	419 Washington Avenue Miami Beach, FL 33139	Address:	

Name and Title:		Name and Title:	
Address		Address:	

2024 APR - 2 PM 6:55

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: Mario Tarricone
Address: 345 Ocean Drive, Apt. 702
Miami Beach, FL 33139

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Mario Tarricone
Address: 345 Ocean Drive, Apt. 702
Miami Beach, FL 33139

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.

<u>/S/ Mario Tarricone</u>	<u>4/1/2024</u>
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.

<u>/S/ Mario Tarricone</u>	<u>4/1/2024</u>
Required Signature/Incorporator	Date

2024 APR - 2 11:06:55