

**P950000 21002**

OFFICE USE ONLY (Document #)

Attorneys' Title Insurance Fund, Inc.

(Requestor's Name)

660 E. Jefferson Street Suite 200

(Address)

Tallahassee, Fl 32801 222-2785

(City, State, Zip)

(Phone #)

DORIS McDuffie said  
to file name as it is.

500001428675  
-03/14/95--01019--028  
\*\*\*122.50 \*\*\*122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. EXPRESSO UNO INTERNATIONAL COMPANY  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

1:15 p.m.  
3-14

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
95 MAR 14 11:10:24  
DIVISION OF CORPORATION

W95-5626  
F93-3402  
Conflict

NANCY HENDRICKS MAR 15 1995

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

March 14, 1995

ATTORNEY'S TITLE

TALLAHASSEE, FL

SUBJECT: EXPRESSO UNO INTERNATIONAL COMPANY  
Ref. Number: W95000005626

We have received your document for EXPRESSO UNO INTERNATIONAL COMPANY and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks  
Corporate Specialist

Letter Number: 395A00011320

## OFFICE USE ONLY (Document #)

Attorneys' Title Insurance Fund, Inc.

(Requestor's Name)

660 E. Jefferson Street Suite 200

(Address)

Tallahassee, FL 32301 222-2785

(City, State, Zip)

(Phone #)

RECEIVED

55 MAR 15 AM 10:32

DIVISION OF CORPORATION

OFFICE USE ONLY

## CORPORATION NAME(S) &amp; DOCUMENT NUMBER(S) (if known):

1. EXPRESSO LINO INTERNATIONAL COMPANY  
(Corporation Name) (Document #)
2. Articles are Espresso.  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time 3:00 PM ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
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<input type="checkbox"/>	Fictitious Name
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REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
ESPRESSO UNO INTERNATIONAL COMPANY

FILED  
95 MAR 15 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

ESPRESSO UNO INTERNATIONAL COMPANY

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

815 Northeast 27th Avenue  
Hallandale, Florida 33009

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

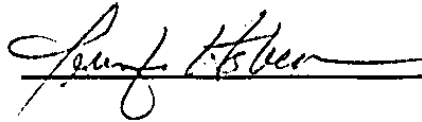
Jennifer Mae Hoberman, Esq.  
3400 Northeast 192nd Street  
Suite 1510  
Miami, Florida 33180

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Jennifer Mae Hoberman, Esq.  
3400 Northeast 192nd Street  
Suite 1510  
Miami, Florida 33180

The undersigned incorporator has executed these Articles of Incorporation this 8th day of March, 1995.

  
\_\_\_\_\_

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:  
Espresso Uno International Company
2. The name and address of the registered agent and office is:

Jennifer Mae Hoberman, Esq.  
3400 Northeast 192 Street, Suite 1510  
Miami, Florida 33180

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature

**FILED**  
95 MAR 15 PM 12 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA