

DIVISION OF CORPORATIONS :OT

PAX #: (904)922-4001

PROM: EMPIRE CORPORATE KIT COMPANY

ACCTH: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: BELLA NOTTE, INC.

AUDIT NUMBER..... H96000015235

DOC TYPE.....FLORIDA PROPIT CORPORATION OR P.A. CERT. OF STATUS..0 PAGES...... 7

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# ARTICLES OF INCURPORMATION

P. 18/23

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# RELLA NOTTE, INC.

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H96000015235

I, the undersigned incorporator of this corporation under Florida Statute 607, an amended, do hereby associate myself to form a corporation and adopt the following Articles of Incorporation.

# ARTICLE I

The name of this corporation is:

# BELLA NOTTE, INC.

The mailing address for the Corporation is: 1100 Ponce de Leon Blvd., Coral Gablus, Vl 33134

### ARTICLE II

# PURPOSE AND NATURE OF RUSINESS

The purposes of this corporation and general nature of the business to be conducted are as follows:

A. To engage in any business activity or endeavor which is lawful under the laws of the State of Florida, and the United States of America.



THIS INSTRUMENT PREPARED BY:
MAYNARD J. HELLMAN, ESQUIRE
FLORIDA BAR NO. 137411
1100 PONCE DE LEON BLVD.
CORAL GABLES, FLORIDA 33134
(305) 448-8282

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#### ARTICLE\_III

### DURATION OF CORPORATION

This corporation is to have perpetual existence commencing on the date of execution and acknowledgment of these Articles of Incorporation.

## CAPITAL STOCK

The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is one hundred (100) shares of Common Stock, each share having no par value.

#### ARTICLE\_Y

# INITIAL CAPITAL CONTRIBUTION

The amount of capital with which this corporation shall begin business shall not be less than Pive Hundred (\$500.00) Dollars.

#### ARTICLE VI

#### SUBSCRIBERA

The name and address of the subscriber of these Articles of Incorporation and the number of shares ha has elected to take are as follows:

SUBSCRIBER

<u>ADDRESS</u>

NUMBER OF SHARES

MAYNARD J. HELLMAN 1100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

100

#### ARTICLE VII

#### DIRECTORS

The initial number of Directors of this corporation shall be

one (1). The number of Directors may either be increased or decreased from time to time by a vote of the stockholders in conformity with the By-Laws of the Corporation but shall never be less than one (1).

# ARTICLE VIII

# INITIAL BOARD OF DIRECTORS

The names and addresses of the mumbers of the initial Board of Directors who, subject to the provisions of the Cortificate of Incorporation, the By-Laws and the Corporation Laws of the State of Florida, shall hold office for the first year of the corporation's existence, or until their successors are elected and qualified, are:

NAME

<u>ADDRESS</u>

Piero Filpi

6450 Allison Road Miami Beach, Florida 33141

#### ARTICLE\_IX

#### **VOTING RIGHTS**

Except as otherwise provided by law, the entire voting power for the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding common shares.

## ARTICLE\_X

### PREKMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

#### ARTICLE\_XX

# INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 1100 PONCE DE LEON BLVD., CORAL GABLES, FLORIDA, and the name of the initial Registered Agent of this corporation at that address is MAYNARD J. HELLMAN.

#### ARTICLE XII

# INDENNIFICATION

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

DATED this 29 day of October, 1996.

MAYOURD TO THE MAN

STATE OF FLORIDA )
SS
COUNTY OF DADE )

BEFORE ME, the undersigned authority, personally appeared

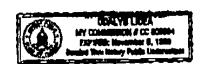
MAYNARD J. HELLMAN, to me wall known to be the person described in and who executed the foregoing Cartificate of Incorporation, and who acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official soal at Coral Gables, Dade County, Florida, this 29 day of October, 1996.

Notary Public, State of

Florida at Large

My Commission Expires:



# BELLA NOTTE. INC.

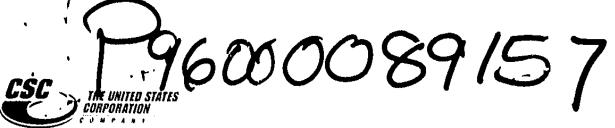
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
PURPOSES OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS
MAY BE SERVED
IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:
FIRST, THAT BELLA NOTTE, INC. IS DESIRING TO ORGANIZE OR
QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL
PLACE OF BUSINESS AT THE CITY OF MIAMI, STATE OF FLORIDA, HAS
NAMED MAYNARD J. HELLMAN, ESQUIRE, AT 1100 PONCE DE LEON
NAMED MAYNARD J. HEDLEWAY, ESQUENCY
BOULEVARD, CORAL GABLES, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN FLORIDA.
Signature: MAYNARD J. ARELIMAN
Title: Subscriber
Date: 10 29 9 654 49
무슨 그는 그는 그는 그는 그는 그는 그는 그는 그는 그를 모르는 그를 모르는 그를 보다 그로보다 그를 보다 그를 보
Having been named to accept services of process for the above
stated corporation, at the place designated in this certificate,
I hereby agree to act in this capacity, and I further agree to
comply with the provisions of all statutes relative to the proper
and complete performance of my duting

articles/1:\od

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Date: 10 29 96 (Registered Agent)

H96000015235



ACCOUNT	NO.	,	072100000032	,

REFERENCE : 244110 82917A 🔀

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AUTHORIZATION

COST LIMIT

ORDER DATE: January 31, 1997

ORDER TIME : 10:44 AM

ORDER NO. : 244110-005

CUSTOMER NO:

82917A

CUSTOMER: Ms. Evelyn Rodriguze

Hellman & Maas

1100 Ponce De Leon Boulevard

Coral Gables, FL 33134

## DOMESTIC AMENDMENT FILING

NAME:

BELLA NOTTE, INC.

## ENGLISH TRANSLATION: GOOD\_NIGHT, INC.

\_ ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING A

CONTACT PERSON: Deborah Schroder

EXAMINER S INITIALS:

DIVISION OF CORPORATION 97 JAN 31 PHI2: 06



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 31, 1997

CSC



CSC
DEBORAH SCHRODER
TALLAHASSEE, FL

SUBJECT: BELLA NOTTE, INC.
Ref. Number: P96000089157

We have received your document for BELLA NOTTE, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following: been filed and is being returned for the following:

The date of adoption of each amendment must be included in the document.

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) 487-6880.

Karen Gibson Corporate Specialist

Letter Number: 697A00005239

DIVISION OF CORPORATION 97 FEB -4 PH 4: 13

## ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF BELLA NOTTE, INC.

THE UNDERSIGNED, President and Secretary of BELLA NOTTE, INC., certifies that the following Amendments to the Articles of Incorporation of BELLA NOTTE, INC., have been adopted and unanimously approved by the Board of Directors and Shareholders of the above-named corporation:

### **ARTICLE 1**

#### CORPORATE NAME

The name of this Corporation shall be changed to:

BUONA NOTTE, INC.

IN WITNESS WHEREOF, the undersigned does hereunto place his hand and seal as the President and Secretary of the Corporation, this 38 day of January, 1997.

The Date of adoption by the Board of Directors was the 28th of January, 1997.

PRESIDENT:-

n.

PIERO FILPL

SECRETARY:

PIERO FILP

STATE OF FLORIDA COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared PIERO FILPI, President and Secretary of BELLA NOTTE, INC., to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same, and who has produced a driver's

license for identification and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforosaid this day of January, 1997.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

f:\wpdocs\er\forms\art-amd.bel

YVONNE E. BUITS
MY COMMISSION # CC 870444
EXPINES: July 18, 2000
Monded Thru Hotery Public Underwitters