# Orida Desartmento State

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

300002082433---7 -02/10/97--01029--019 \*\*\*\*122.50 \*\*\*\*122.50

Re:	DOLCE	E	SAPORITO .	. Inc
_			(Name of Corporation)	 ,

#### Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

DOLCE E SAPORITO INC.

(Name of Corporation)

MAILING ADDRESS OF CORPORATION

1905 N. ATLANTIC BLVD APT 15C

FORT LAUDERDALE, FLA 33305

PHONE

(954) 564-1280

Area Code Number Ext.

#### ARTICLES OF INCORPORATION

of

<u></u> -	DC	OLCE E SAPORITO INC. (name of corporation)	
The undersigned ac	cting as the incorporators o	f a corporation under the Florida Busi	ness Corporation Act, adopt(s)
the following articles of	incorporation for such corp	poration:	4
The name of the co		ICLE I - CORPORATE NAME	97 FEB SECHET
	-	DLCE E SAPORITO INC.	ARY C
This corporation sh		ARTICLE II - DURATION s dissolved according to Florida law.	PH 12: 16 OF STATE FLORIDA
		,g	
		ARTICLE III - PURPOSE	
The corporation is United States and the Sta		of engaging in any activities or busine	ess permitted under the laws of the
The corporation is	•	TICLE IV - CAPITAL STOCK shares of common stock, par val	lue \$ 1.00 per share.
The street address		EV - INITIAL PRINCIPAL OFFICE and, if different, the mailing address	s is:
STREET ADDRESS 1	905 N. ATLANTIC	BLVD. APT 15C	
CITY F	T. LAUDERDALE	FLORIDA	ZIP 23305
Mailing address,		1,	20003
	905 N. ATLANTIC	BLVD. APT 15C	
CITY I	FT. LAUDERDALE	FLORIDA	ZIP 33305
		TIAL REGISTERED OFFICE AND	
	is of the initial registered	office and the name of the initial	registered agent at the office is:
NAME	CARLA PASTURA		
ADDRESS 1	1905 N. ATLANTIC	BLVD. APT 15C	· · · · · · · · · · · · · · · · · · ·

POMPANO BEACH

CITY

FLORIDA

33305

ZIP

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

ither increas	poration shall have one ed or diminished from time to time the initial director(s) of the corporation	by the By-Laws, but shall no	ors initially. The never be less than o	number of directors may l ne (1). The names and
NAME	CARLA PASTURA	on are as follows:		
ADDRESS	1905 N. ATLANTIC	BLVD APT 15C		
CITY	FORT LAUDERDALE,	STATE	FLA	ZIP 33305
NAME	TORT DRODERDADE,	SIALE	FUA	ZIF 333U5
ADDRESS				
CITY		STATE		ZIP
NAME	<u> </u>			
ADDRESS				
CITY		STATE		ZIP
	ADT	TOLE VIII INCORDAD	ATODG	
ha namaa a		CICLE VIII - INCORPORA		
····	nd addresses of the incorporators sig	ning mese America of incor	poration are as foll	ows:
NAME	CARLA PASTURA			
ADDRESS	1905 N ATLANTIC BLVD	AFT 15C		
CITY	FT LAUDERDLAE,	STATE	FLA	ZIP 33305
NAME				
ADDRESS				
CITY		STATE		ZIP
NAME				
ADDRESS				
CITY		STATE		ZIP
The unders	igned incorporator(s) have execut	ed these Articles of Incom	poration this	3
,		Con	atta	(Signature)
			<del> </del>	(Signature)
				(Signature)

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

DOLCE E SAPORITO INC.		
(name of corporation)		
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is subj	mitted:	
The above corporation, organized under the laws of the State of Florida with its		office
as indicated in the Articles of Incorporation		
at 1905 N. ATLANTIC BLVD APT 15C		٠.
FORT LAUDERDALE, FLA 33305		4
has named <u>CARLA PASTURA</u>	SEC	97
located at the aforesaid address, as its registered agent to accept service of proce	ess within	errs ===================================
state.	ARY \SSE	5,
	#10 Fig. 2	3 17
	STA LOR	Ÿ 🛅
·	E TE	<u>6</u>

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. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of rny duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

(Date)