MOV. 30-1448 DATE

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

Tallanassee, FL 32314	
Re: CAPRI PI	ZZA , Ing. 98
	Corporation)
Gentlemen:	
Enclosed please find the original and one copy of the check in the amount of \$12250.78.75	D
This represents the cost of the Filing Fees, Certified Registered Agent Designation for the above named	Copy of Articles of Incorporation and Fee for corporation.
Very to	ruly yours.
	90002699119 -12/01/9801065010 *****78.75 ******78.7
	Miccardo Napolitano (Individual's Name)
	CAPRI PIZZA INC. (Name of Corporation)
10,98	13800 LITTLE ROAD
12-1-96	HUDSON, FL. 34667
	PHONE ————
	(727) 861-2850
	Aug Code Number Ext.

Area Code

ARTICLES OF INCORPORATION

of

CAPRI PIZZA INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

CAPRI PIZZA INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1,00 (04) per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS

13800 LITTLE ROAD SUITE 309

CITY HUDSON FLORIDA ZIP 34667

Mailing address, if different

STREET ADDRESS

MA

CITY FLORIDA ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	SANSEVERINO BARBAT	0	
ADDRESS	13800 LITTLE ROAD		
CITY	HUDSON	FLORIDA	ZIP 346.67

· ARTICLE VII - INITIA	AL BOARD OF DIRECTORS	
This corporation shall have	2) directors initially. The num	mber of directors may b
either increased or diminished from time to time by the By-L addresses of the initial director(s) of the corporation are as fo	Laws, but shall never be less than one ollows:	(1). The names and
NAME MAPOLITANO RICCARDO		
ADDRESS 11631 HUDSON AVENU	<i>E</i>	
CITY HUDSOM	STATE FLORIDA	ZIP 34669
NAME SANSEVERINO BARBATA	O - VICE PRESIDENT	7
ADDRESS 11063 THORNBERRY	BRIVE	
CITY SPRING HILL	STATE FLORIDA	ZIP 34608
NAME		
ADDRESS //		
CITY	STATE	ZIP
APTICI E VIII	- INCORPORATORS	
The names and addresses of the incorporators signing these A		
		/8.
NAME MAPOLITANO RICCARDO		ngar san
ADDRESS 11631 HUDSON AVENUE		
CITY HUDSON	STATE FLORISA	ZIP 34669
NAME SANSEVERINO BARBATO		
ADDRESS 11063 THORMBERRY	BRIVE	. 25
CITY SPRING HILL	STATE FLORIDA	ZIP 34608
NAME		
ADDRESS \mathcal{H}/\mathcal{A}		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Ar	ticles of Incorporation this	OTH
lay ofNOVEMBER	. 19 9 8	
		. And the second second
γ_{ϵ}	diccardo, manlito	(Signature)
<u>.</u>	diccarde napolita	(Signature)
	self/b/2	(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

98 DEC - 1 PM 12: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CAPRI PIZZA INC.
(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 13800 LITTLE ROAD
HUDSOH FLORIDA 34667
HUDSOH FLORIDA 34667 has named SANSEVERINO BARBATO
located at the aforesaid address, as its registered agent to accept service of process within this
state.
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 regis-
tered 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 my duties, and I am familiar with
and accept the obligations of my position as registered agent.
and accept the obligations of my position as registered agent.
1 . /
Bolto Sem - NOV. 30-1998
(Signature) (Date)