

P22 0000 40921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

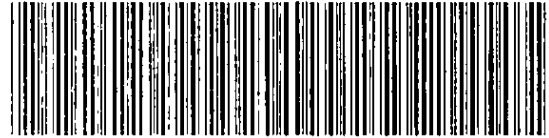
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



700388156877

05/24/22--01007--015 \*\*198.00

FILED RECEIVED

2022 MAY 24 AM 9:58 PM 12:16

OFFICE OF STATE CLERK  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

# CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

PICK UP: 5/24 DANNY

CERTIFIED COPY \_\_\_\_\_

XX PHOTOCOPY \_\_\_\_\_

CUS \_\_\_\_\_

XX FILING \_\_\_\_\_

INC

1. CIBO FRESCO, INC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

FILED  
2022 MAY 24 AM 9:58  
TALLAHASSEE  
FLORIDA  
STATE

SPECIAL  
INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Cibo Fresco, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
9115 Strada Place, Suite 5505  
Naples, Florida 34105

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Restaurant Management

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

FILED  
2022 MAY 21 AM 9:50  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Louie Mele, President/Treasurer  
Address: 9115 Strada Place, Suite 5505  
Naples, Florida

Name and Title: Patrick D. Wenning, VP/Secretary  
Address: 177 Egret Avenue  
Naples, Florida 34108

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Charles M. Kelly, Jr.  
 Address: 2390 Tamiami Trail North, Suite #204  
 Naples, Florida 34103

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Charles M. Kelly, Jr.  
 Address: 2390 Tamiami Trail North, Suite #204  
 Naples, Florida 34103

DEPT. OF STATE  
 2022 MAY 21 AM 9:58  
 FILED

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/23/2022 Chaar (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*

By: [Signature] 5/23/2022  
 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.*

[Signature] 5/23/2022  
 Required Signature/Incorporator Date