

P 230000198 65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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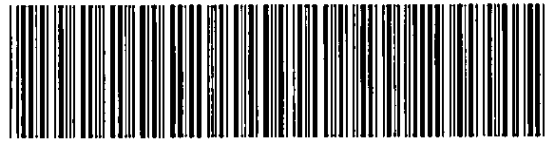
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. COURTNEY
MAR 15 2023

FILED
2023 MAR 15 AM 7:05
SECURITY SERVICES
TALLAHASSEE, FLORIDA

RECEIVED
2023 MAR 15 PM 2:52
ON FOR
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160: AMOUNT:128.75

Authorization Signature: Jan Fadden

Rosati's Pizza Enterprises, Inc.

BUSINESS NAME _____ **Document #** _____

Certified Copy of Articles

Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Limited Liability

____ Domestication
Other

X CORP

LLLP

OTHER FILINGS

Annual Report

Fictitious Name

____ APOSTILLE _____
Country

AMMENDMENTS

Amendment
Resignation of R.A. Officer/Director

— Change of Registered Agent or office
Dissolution

Merger

Conversion

Amended and restated Articles

Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☒ Reinstatement

Other

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: Articles of Domestication - Rosati's Pizza Enterprises, Inc.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From:

Andrew Donovan

Name (printed or typed)
363 W Erie St., Suite 500

Address
Chicago, IL 60654

City, State & Zip
312-784-1246

Daytime Telephone Number

andrew.donovan@chengcohen.com

E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

RECEIVED
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

2023 MAR 15 AM 7:06

FILED

The undersigned, Darren Schmitt Treasurer
(Name) (Title)

of ROSATI'S PIZZA ENTERPRISES, INC., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is ROSATI'S PIZZA ENTERPRISES, INC.
(Foreign Corporation)
_____.
2. The jurisdiction and date of its formation is ILLINOIS - FEBRUARY 16, 2022
3. The name of the domesticated corporation is ROSATI'S PIZZA ENTERPRISES, INC.
_____.
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.



(Authorized Signature)

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

ROSATI'S PIZZA ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

10131 SWEETGRASS CIRCLE, UNIT 104

NAPLES, FLORIDA 34104

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all lawful business.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Darren Schmitt

10131 SWEETGRASS CIRCLE, UNIT 104

NAPLES, FLORIDA 34104

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.


Signature/Registered Agent

Date

3/9/2023

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR 15 AM 7:06

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2023 MAR 15 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Anthony Rosati - Director / President
Address: 10131 SWEETGRASS CIRCLE UNIT 104
NAPLES, FLORIDA 34104

Name & Title: David Rosati - Director / Vice President
Address: 10131 SWEETGRASS CIRCLE, UNIT 104
NAPLES, FLORIDA 34104

Name & Title: Andrew Rosati - Director / Secretary
Address: 10131 SWEETGRASS CIRCLE UNIT 104
NAPLES, FLORIDA 34104

Name & Title: Darren Schmitt - Director / Treasurer
Address: 10131 SWEETGRASS CIRCLE, UNIT 104
NAPLES, FLORIDA 34104

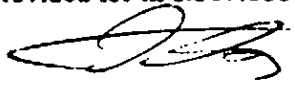
Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135.F.S.



Signature/Authorized Person

3/9/2023

Date