

P24000010475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

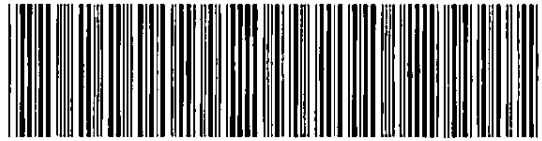
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300421738793

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 FEB -9 PM 1:43

FILED

2024 FEB -9 AM 10:44

2024 FEB -9 AM 10:44

RECEIVED

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 02/09/2024  
Acc#120160000072

*en: c Dll*

|             |                       |
|-------------|-----------------------|
| Name:       | GIADA LONGO ROMA INC. |
| Document #: |                       |
| Order #:    | 15364730              |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
|   | Plain: <input type="checkbox"/>                |
|   | COGS: <input type="checkbox"/>                 |

Email Address for Annual Report Notifications:

|  |
|--|
|  |
|--|

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **78.75**

**FILED**  
2024 FEB -9 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

Thank you!

## COVER LETTER

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

GIADA LONGO ROMA INC.

SUBJECT: \_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

LUCA MARCO GIRALDIN

FROM: \_\_\_\_\_  
Name (Printed or typed)  
C/O MEPLAW, 12 SE 7th Street, Ste 704  
\_\_\_\_\_  
Address  
FORT LAUDERDALE, FL 33301  
\_\_\_\_\_  
City, State & Zip  
+1 (212) 202-2481  
\_\_\_\_\_  
Daytime Telephone number  
desk@mepamerica.net  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
2024 FEB -9 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** GIADA LONGO ROMA INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12 SE 7th Street, Ste 704

Fort Lauderdale, FL 33301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 1,000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: GIADA LONGO, President Name and Title: \_\_\_\_\_

Address: VIA FRANCESCO D'OVIDIO, 55, INT. B10 Address: \_\_\_\_\_

00137 ROMA, RM

ITALY

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

2024 FEB -9 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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: C T Corporation System  
Address: 1200 South Pine Island Road Plantation,  
FL 33324

**ARTICLE VII INCORPORATOR**

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

Name: Luca Marco Giraldin  
Address: c/o MEPLAW, 12 SE 7th Street, Ste 704  
Fort Lauderdale, FL 33301

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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: C T Corporation System  
Theresa Buck, Assistant Secretary  
Required Signature/Registered Agent

2/07/2024

FILED  
2024 FEB -9 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

Required Signature/Incorporator

2/07/2024

Date