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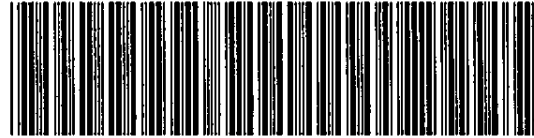
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16 JUN 15 PM 4: 15  
FEDERAL BUREAU OF INVESTIGATION

~~W16-25412~~

W16-25412

06-15-16

**COVER LETTER**

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

SUBJECT: Nick Buonicanti Mediation Services, Inc.  
(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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

*Paid Already*

FROM: Nicholas A. Buonicanti III 16 JUN 14 PM 2:42  
Name (Printed or typed)

5 E. Vanderbilt St. ORL  
Address

ORlando FL 32804  
City, State & Zip

407 579 5227  
Daytime Telephone number

Nick @ Mediate with Nick . com ; Mediate w Nick @ Gmail . com  
E-mail address: (to be used for future annual report notification)

RECEIVED

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2016

NICHOLAS A BOUNICONTI  
5 E VANDERBILT ST  
ORLANDO, FL 32804

SUBJECT: NICK BUONICONTI MEDIATION SERVICES  
Ref. Number: W16000025412

We have received your document for NICK BUONICONTI MEDIATION SERVICES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 516A00007025

**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: Nick Buoniconti Mediation Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>5 E. Vanderbilt St.</u> <u>Orlando, FL 32804</u>	Mailing address, if different is: _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation will provide mediation services to litigation and non-litigation matters.

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: <u>Nicholas A. Buoniconti</u> Address: <u>5 E. Vanderbilt St.</u> <u>Orlando, FL 32804</u>	Name and Title: <u>Dena Buoniconti</u> Address: <u>5 E. Vanderbilt St.</u> <u>Orlando, FL 32804</u>
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Name and Title: _____ Address: _____	Name and Title: _____ Address: _____
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Name and Title: _____ Address: _____	Name and Title: _____ Address: _____
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FILED  
 JUN 15 PM 4:15  
 CLERK OF THE CIRCUIT COURT  
 IN AND FOR THE COUNTY OF ORANGE, FLORIDA

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: Nicholas A. Buonocanti  
 Address: 5 E. Vanderbilt St  
Orlando, FL 32804

DEPARTMENT OF STATE  
 16 JUN 15 PM 4:15  
 FILED

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nicholas A. Buonocanti  
 Address: 5 E. Vanderbilt St.  
Orlando, FL 32804

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: June 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

*Nicholas A. Buonocanti* \_\_\_\_\_ 5/20/16  
 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.*

*Nicholas A. Buonocanti* \_\_\_\_\_ 5/20/16  
 Required Signature/Incorporator Date