

P17000010025

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17 JAN 31 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: V N Deluca Consulting 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Vincent Deluca  
Name (Printed or typed)

8800 Cobblestone Point Cir  
Address

Boynton Bch, FL 33472  
City, State & Zip

609-685-6148  
Daytime Telephone number

Vinnydvincent@aol.com  
E-mail address: (to be used for future annual report notification)

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

**RE: V N Deluca Consulting Inc**

**Document # P15000015264**

1-24-17

To Florida Department of State:

I am writing you this letter regarding the above company and document number. I spoke with someone at Sunbiz who told me that the company was dissolved in Sept 2016.

They also said to write a letter to let you know our situation. My previous office manager who I fully trusted in taking care of the daily office duties and to file the annual report for V N Deluca Consulting Inc and other companies. Unfortunately, I just found out that it was not taken care of in the timely matter that it should have. We are the same owners and would like to keep the same name. Enclosed is the application and payment to continue our corporation with the same name. We appreciate your understanding in this matter.

Feel free to contact me with any questions at 609-685-6148

Sincerely,

A handwritten signature in black ink, appearing to read 'V. Deluca', with a long horizontal stroke extending to the right.

Vincent Deluca

**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: V N DELUCA CONSULTING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
8800 Cobblestone Point Cir  
Boynton Bch, FL 33472

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any And All LAWFUL business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Name and Title: Vincent Deluca - President Name and Title: \_\_\_\_\_

Address 8800 Cobblestone Address: \_\_\_\_\_  
Point Cir  
Boynton Bch, FL 33472

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

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

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

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

Vincent Deluca

Address:

8800 Cobblestone Point Cir  
Boynton Beach, FL 33472

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Vincent Deluca

Address:

8800 Cobblestone Point Cir  
Boynton Beach, FL 33472

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**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*

Vincent Deluca  
Required Signature/Registered Agent

1-24-17  
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.*

Vincent Deluca  
Required Signature/Incorporator

1-24-17  
Date