

pa2000073362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

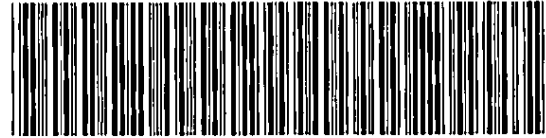
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

SEP 23 2022

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**CORPORATE
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INC.**

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

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INC

1. **CARBON ASSETS II CORP**

(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 #)

**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: Carbon Assets II Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3838 Tamiami Trail North - Suite #416
Naples, Florida 34103

Mailing address, if different is:
3838 Tamiami Trail North - Suite #416
Naples, Florida 34103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in all lawful businesses
authorized by Florida law.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ralph R. Cioffi, Jr., President

Address 1457 Anhinga Point
Naples, Florida 34105

Name and Title: Ralph R. Cioffi, Jr., Director

Address: 1457 Anhinga Point
Naples, Florida 34105

Name and Title: Ralph R. Cioffi, Jr., Secretary

Address 1457 Anhinga Point
Naples, Florida 34105

Name and Title: Ralph R. Cioffi, Jr., Treasurer

Address: 1457 Anhinga Point
Naples, Florida 34105

Name and Title: Glenn Edwards, Vice President

Address 50 Broadway
Lynbrook, New York 11563

Name and Title: Glenn Edwards, Director

Address: 50 Broadway
Lynbrook, New York 11563

Name and Title: Frederick D. Funston, Vice President Name and Title: Frederick D. Funston, Director

Address: 1945 Tarpon Road
Naples, Florida 34102

Address: 1945 Tarpon Road
Naples, Florida 34102

ARTICLE VI REGISTERED AGENT

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

Name: Kevin A. Denti, Esquire

Address: 2180 Immokalee Road-Suite #316
Naples, Florida 34110

ARTICLE VII INCORPORATOR

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

Name: Kevin A. Denti, Esquire

Address: 2180 Immokalee Road-Suite #316
Naples, Florida 34110

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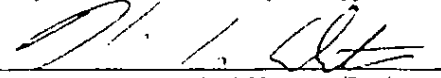
ARTICLE VIII EFFECTIVE DATE:

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.)

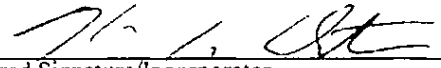
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

9/21/22
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.


Required Signature/Incorporator

9/21/22
Date