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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

FIORELLA SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

99 MAY 14 AM 9: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mi 5/17/99 10:56 AM

ARTICLES OF INCORPORATION OF

FIORELLA SERVIGES, INC.
ARTICLE I NAME
The name of the corporation shall be:
FIORELLA SERVICES, INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of
this corporation shall be:
EO ROY 651203
VERO BEACH, FL. 32965
ARTICLE III CAPITAL STOCK
The number of shares of stock that this corporation is
authorized to have outstanding at any one time is:
(500 FIVE HUNDRED)

PREPARED BY: TRIPLE CHECK INCOME TAX SERVICE 2506 DELAWARE AVE FORT PIERCE FLORIDA 34947 Phone#(561)-461-5983 99 MAY 14 AM 9: 21
SECRETARY OF STATE
TALL ALLASSEE, FLORIDA

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS
The name and address of the initial registered agent is
LAWRENCE V. FIORELLA
425 20TH ST SW
VERO BEACH, FL 32962
ARTICLE V INCORPORATOR
The name and street address of the incorporator to these
Articles of Incorporation is:
LAWRENCE V. FIORELLA
425 ZOTU ST SW
VERO BEACH, FL 32962
The undersigned has executed these Articles of
Incorporation this 12 day of MAY 1999.
Luc Inlla-
LAWRENCE V. FIORELLA, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature:

Date:

5/13/99

PILED ...
BECRETAIN OF STATE ALLAHASSEE FI DBIE.