

PAI 0000 49977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

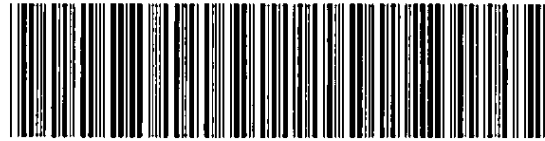
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/06/21--01008--024 **87.50

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2021 MAY 25 AM 11:46
2021 MAY -6 PM 2:04
SECRETARY OF STATE
TALLAHASSEE FL 0911

W21-62985

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ANTHONY ADDORISIO PA

Signature

Requested by: SETH

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

2001 MAY 25 AM 11:46

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2021

CAPITAL CONNECTION

SUBJECT: ANTHONY ADDORISIO PA
Ref. Number: W21000062985

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

You must list at least one incorporator with a complete business street address.

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 621A00009618

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2021 MAY 25 PM 2:27

COVER LETTER

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

SUBJECT: ANTHONY ADDORISIO PA
(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

2021 MAY 25 AM 11:46

RECEIVED

FROM: ANTHONY ADDORISIO
Name (Printed or typed)

4058 SW KALLEN ST
Address

PORT ST LUCIE, FL 34983
City, State & Zip

Daytime Telephone number

A.ADDORISIO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

The name of the corporation shall be: ANTHONY ADDORISIO PA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

4058 SW KALLEN ST
PORT ST LUCIE, FL 34953

Mailing address, if different is:

4058 SW KALLEN ST
PORT ST LUCIE, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY AND ALL LAWFUL PRACTICES OF
REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY ADDORISIO , PRES

Name and Title: _____

Address

4058 SW KALLEN ST
PORT SAINT LUCIE, FL 34953

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2021 MAY 25 12:11 46

FD

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: ANTHONY ADDORISIO

Address: 4058 SW KALLEN ST

PORT SAINT LUCIE, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony ADDORISIO

Address:

4058 SW Kallen St
Port St Lucie, FL 34953

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

05/06/21

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

Date

05/06/21

2021 MAY 25 AM 11:45

SD