## F04000000889

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A.L.



## FLORIDA DEFARTMENT OF STATE Glenda E. Hood Secretary of State

FILED

04 FEB 18 AM 11:57

SECRETARY OF STATE TALLAHASSEE. FLORIDA

February 2, 2004

MICHAEL MAGGIO 66 W. LAKE ST. NORTHLAKE, IL 60164

SUBJECT: MAGGIO RENT-A-POTTY, INC.

Ref. Number: W04000004471

We have received your document for MAGGIO RENT-A-POTTY, INC. 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 904A00006855

## TRANSMITTAL LETTER

FILED

04 FEB 18 AMII: 57

SECRETARY OF STATE

Certified Copy

ı	18 A
TO: Registration Section Division of Corporations	SECRETARY OF TALLAHASSES
SUBJECT: MAGGIO RENT - A - POTT	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transa "Certificate of Existence", and check are submitted to register the above refere to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
MICHAEL MAGGIO (Name of Person)	
(Name of Person)	
MAGGIO RENT - A-POTTY INC. (Firm/Company)	
(Firm/Company)	<u> </u>
66 W. LAKE ST. (Address)	
(Address)	
NORTHLAKE, IL. WOI64  (City/State and Zip code)	
(City/State and Zip code)	
For further information concerning this matter, please call:	
MICHAEL MAGGIO at (866) 307-68	89
(Name of Person) (Area Code & Daytime Teleph	one Number)
STREET ADDRESS: Registration Section Registration Section	S:
Division of Corporations Division of Corporation	ons
409 E. Gaines St.P.O. Box 6327Tallahassee, FL 32399Tallahassee, FL 3231	4
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

-	ATION BY FOREIGN	BUSINESS I	N FLORIDA	<b>1</b>	t to a	- 11 +
	CE WITH SECTION 607.15 DREIGN CORPORATION				BMITTED, TO	سه د نند ۱۵
(Name of corpo words or abbrev	PAGGIO RENT oration; must include the word viations of like import in lang or partnership if not so contain	"INCORPORATE! uage as will clearly:	O", "COMPAN indicate that it i	Y", "CORPORATION"		ARY OF S SSEE. FL
2. State or country	vunder the law of which it is	3	36.4	45 - 9329 (FEI number if applicable	ie)	_
(Dat	te of incorporation)	· ·	(Duration: Yea	ar corp. will cease to exis	t or "perpetual")	<del></del>
	OLALIFICATION OF SEE SECTION OF LAKE ST.	CTIONS 607.1501,	607.1502 and 8	(17.155, F.S.)		<b>-</b>
<del></del>	(C	urrent mailing addre	ss)			<b>-</b>
8. PORTOR (Purpose)	S) of corporation authorized i	n home state or cou	ntry to be carrie	ed out in state of Florida		<b>-</b> .
	eet address of Florida re					
Name:	MICHAEL MA	-6610				_
Office Address:	6718 Crown	VED EAGLE	LN.			
	NAPLES		, Florida _	34113	, , -	
	(City)			(Zip code)		
Having been nan designated in this further agree to c	gent's acceptance: ned as registered agent an s application, I hereby acc comply with the provisions familiar with and accept t	ept the appointme s of all statutes re	ent as register ative to the p	red agent and agree to roper and complete p	act in this cap	acity. I

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	Ettors
A. DIRECTORS	FILED
Chairman: Michael Maggio	NL FED 10
Address: 6718 Crowned Eagle LN.	SECRITIVAL OF STATE TALLAHASSEE, FLORIDA
Naples, FL. 34113	TALLAHASSEE. FLORIDA
Vice Chairman: Sheree Macooo	
Address: 6718 Crowned Engle LN.	
Naples , FL. 34113	
Director:	·
Address:	
Director:	
Address:	
B. OFFICERS	
President: Michael Magazo	
Address: 6718 Crowned Eagle LN.	
Naples , FL. 34113	
Vice President: Sheree Macobio	
Address: 6718 Crowned Engle LN.	
Naples, FL. 34113	
Secretary: Sherre Maggio	
Address: 6718 Crowner Eagle Lu. Naples	
٠	14. 24113
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	cers and/or directors.
13. Michael Maggio Tree.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12	of the application)
14. MICHAEL MAGGIO PRESIDENT	
(Typed or printed name and capacity of person signing application)	)



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

A.D.

Desse White