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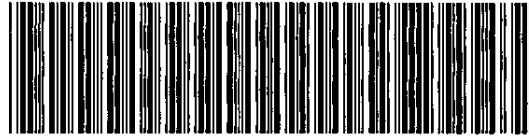
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15 OCT -5 AM 9:30

## COVER LETTER

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

SUBJECT: Goodfellas Bocce, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Nicholas M. Cifelli  
Name (Printed or typed)

3307 SE 17th Ave.  
Address

Cape Coral FL 33904  
City, State & Zip

239-542-9153  
Daytime Telephone number

stmp4u@aol.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Goodfellas Bocce, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

3307 S.E. 17th Ave  
Cape Coral FL 33904

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For Banking purposes.  
Sports league (Bocce)

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

By vote of the membership

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

Name and Title: Frank Ricchetelli President

Address 2809 SW 46th Terrace  
Cape Coral FL 33914

Name and Title: Danny Panda Asst. Vice President

Address 845 S.E. 41st Street  
Cape Coral FL 33904

Name and Title: Nicholas M. Cifelli Treasurer

Address 3307 SE 17th Avenue  
Cape Coral FL 33904

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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: Nicholas M. Cifelli

Address: 3307 S.E. 17th Avenue  
Cape Coral FL 33904

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nicholas M. Cifelli

Address: 3307 S.E. 17th Avenue  
Cape Coral FL 33904

**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 business days prior or 90 business 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

Nicholas M. Cifelli  
Required Signature of Registered Agent  
Nicholas M. Cifelli

10/2/2015  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Nicholas M. Cifelli  
Required Signature of Incorporator  
Nicholas M. Cifelli

10/2/2015  
Date