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(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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JAN 2 3 2017

D CUSHING

COVER LETTER

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

CERRATO ASSOCIATES INC.

SUBJECT:	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	nd one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM:	BRUCE CERRATO		
TROM.	Na	me (Printed or typed)	- Eg
	13 MARINA POINT PLAC	E	
		Address	- 3E

PALM COAST, FL 32137

LENACERRATO1119@YAHOO.COM

860-398-8579

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2016

BRUCE CERRATO CERRATO ASSOCIATES 13 MARINA POINT PLACE PALM COAST, FL 32137

SUBJECT: CERRATO ASSOCIATES, INC.

Ref. Number: W16000085727

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Before you can merge the LLC into the Corporation the corporation must be an active entity. You must file Articles of Incorportion for the nonprofit entity first and then merge the LLC into it. Please complete the attached form and return it to my attention with the filing fee of \$70.00. Once I get the nonprofit corporation incorporated as a then file the merger.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cat (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 216A00027354

www.sunbiz.org

Division of Cornerations - P.O. ROY 6327 Tallahagea

Cushing, Diane

From:

Cushing, Diane

Sent:

Friday, January 13, 2017 1:27 PM

To:

'LENACERRATO1119@YAHOO.COM'

Subject:

Cerrato Associates Inc.

Mr. Cerrato

I have received the articles of incorporation to form the Florida Non-profit corporation but you failed to send the filing fee for the new entity. I currently have \$70.00 in the office for the merger that will be filed but we need \$70.00 to file the new corporation.

Diane C. Cushing Senior Section Administrator Amendment Section Division of Corporations (850) 245-6913 (850) 245-6897 (Fax)

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	NAME CERRATO ASSOCI	ATES INC.		8
ARTICLE II	PRINCIPAL OFFICE		1	製ると
13 M.	Principal <u>street</u> address: ARINA POINT PLACE		Mailing address, if different is:	The state of the s
PALN	M COAST, FL 32137			
• •	PURPOSE r which the corporation is organized is: risk youth in Flagler County. The program		ne is a non profit agency providing Res	
	s, and the juvenile court system. The progra		· · · · · · · · · · · · · · · · · · ·	
	the cracks in life or are already entangled v			· · · · · · · · · · · · · · · · · · ·
	to have a turbulent transition to adulthood a			
	is is slightly different at each level but the g			
in his/her life.				
ARTICLE IV	MANNER OF ELECTION The manner	r in which the dire	ctors are elected and appointed:	TION
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS		_
Name and Title	BRUCE CERRATO- PRESIDENT	Name and Title	LENA CERRATIO - SECRETARY	
Address	13 MARINA POINT PLACE	- Address:	13 MARINA POINT PLACE	
	PALM COAST, FL 32137	-	PALM COAST, FL 32137	-
Name and Title	PAUL GIPPETTI - DIRECTOR	Name and Title	BARBARA GIPPETTI - DIRECTOR	
Address	20 MARINA POINT PLACE	_ Address:	20 MARINA POINT PLACE	
	PALM COAST, FL 32137		PALM COAST, FL 32137	
Name and Title	JERRY CERRATO - TREASURER	 Name and Title		_
Address	33810 ADELE ROAD	Address:		
_	LAKELAND, FL 33810			
		_		

Name and Title:_		Name and Title:	
Address	• •	Address:	
Name and Title:_		Name and Title:	
Address		Address:	
_			
_		****	
ADTICI E VI	DECICTEDEN ACENT		
	<i>REGISTERED AGENT</i> orida street address (P.O. Box NOT accept	otable) of the registered agent is:	
Name:	JERRY CERRATO	AND SEATS.	
Address:	33810 ADELE ROAD		14
	LAKELAND, FL 33810		
		No.	o [
	INCORPORATOR Idress of the Incorporator is:		¥ 170
	ALAN J. COSTNER		5 C
Name:	1655 Garrett House Lane		-
Address:		<u></u>	
	Fairfield, Ohio 45014		
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing: 01/01/20	017(OPTIONAL)	
(If an effective d	ate is listed, the date must be specific and	d 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 apr	plicable statutory filing requirements, this date will not be liste	d as the
	tive date on the Department of State's recor		
Having been nan	ned as regintered agent to accept service o	of process for the above stated corporation at the place desig	nated in this
certificate, I am fo	amiliar with and accept the appointment as	s registered agent and agree to act in this capacity	
	H Was	01/02/2017	
()(Required Signature of Registered	Agent Date	
	iment and affirm that the facts stated herei t of State constitutes a third degree felony a	in are true. I am aware that any false information submitted it as provided for in s 817 155 F.S	n a document
	100 a long and degree spiny a	01/02/2017	
	Required Signature of Incorp	• • •	

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