

N170000011412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

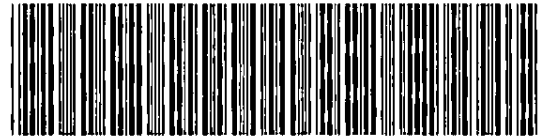
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COVER LETTER

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

SUBJECT: JUVENTUS OFFICIAL FAN CLUB OF FLORIDA, 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: GIOACCHINO D. GIORGIO
Name (Printed or typed)

3084 SE PINE VALLEY ST.
Address

PORT ST. LUCIE, FL 34952
City, State & Zip

772-215-0331
Daytime Telephone number

JACKDIGIORGIO@AOL.COM
E-mail address: (to be used for future annual report notification)

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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: JUVENTUS OFFICIAL FAN CLUB OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3084 SE PINE VALLEY ST.

PORT ST. LUCIE, FL 34952

Mailing address, if different is:

P.O. BOX 7085

PORT ST. LUCIE, FL 34985

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE JUVENTUS F.C. OF ITALY,
A WORLD FAMOUS SOCCER TEAM, AMONG LOCAL SOCCER FANS IN
THE STATE OF FLORIDA. ORGANIZE MEETINGS AND GET TOGETHER
DURING THE TEAM'S SOCCER MATCHES ON TV AND TO TAKE SOME
TRIPS TO ITALY TO SEE GAMES LIVE AT THE JUVENTUS STADIUM.
ALSO ORGANIZE RECEPTIONS DURING THE TEAM'S VISITS IN THE
USA.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: THE SIX B.O.D.
WILL BE ELECTED EVERY TWO YEARS DURING THE AGM TO BE HELD THE FIRST
WEEK OF JUNE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT
Name and Title: GIACCHINO D. GIORGIO

Address: 3084 SE PINE VALLEY ST.
PORT ST. LUCIE, FL 34952

VICE PRESIDENT
Name and Title: FERNANDO DE MATTHAEIS

Address: C/O FA EURO ACADEMY
582 MCINTOSH RD.
SARASOTA, FL 34232

VICE PRESIDENT
Name and Title: ALESSANDRO PIZZITELLI

Address: 101 BRINY AVE #2506
POMPANO BEACH, FL 33062

SECRETARY
Name and Title: ANTONIO PIRAINO

Address: 367 S. FEDERAL HWY - 211/A
DEERFIELD BEACH, FL 33441

TREASURER
Name and Title: DOMINIC D. GIORGIO

Address: 3084 SE PINE VALLEY ST.
PORT ST. LUCIE, FL 34952

TRUSTEE
Name and Title: FABRIZIO SCACCIA

Address: 420 NW RAYMOND LANE
PORT ST. LUCIE, FL 34983

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

N/A

N/A

Name and Title: _____

Address: _____

N/A

Name and Title: _____

Address: _____

N/A

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Address: _____

GIOACCHINO DI GIORGIO
3084 SE PINE VALLEY ST.
PORT ST. LUCIE, FL. 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Address: _____

GIOACCHINO D. GIORGIO
3084 SE PINE VALLEY ST.
PORT ST. LUCIE, FL 34952

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 1, 2018 (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.

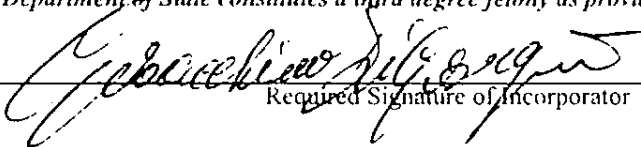
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

NOV/8/2017
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.



Required Signature of Incorporator

NOV/8/2017
Date

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RECEIVED